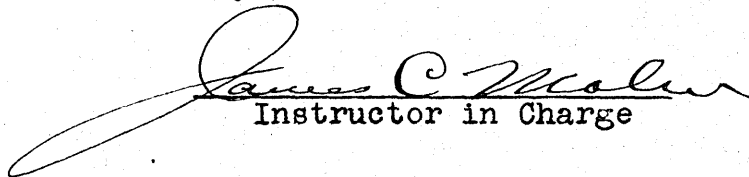
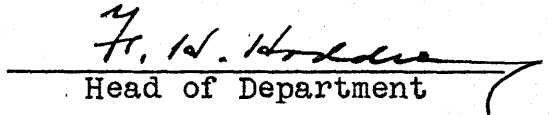


The  
Legislative History of the Public  
Health Service  
from  
1883 to 1913  
by  
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## Introduction.

The Public Health Service is a bureau in the Department of the Treasury with a wide range of activities pertaining to the health of the nation. These activities may roughly be divided into three groups:

1. Marine hospital service furnishing hospital facilities and giving medical attention to the personnel of the merchant marine and other designated classes of individuals.
2. The execution and administration of the national maritime and interstate quarantine.
3. General health activities, the nature and character of which may be indicated by the enumeration of some of the most important ones as follows:
  - a. The scientific investigations and research into the causes, the nature, the cure, or the prevention of disease.
  - b. The diffusion of information concerning health and sanitation by means of annual reports, weekly public health reports, bulletins on the cause and prevention of disease, sanitation or any other subject pertaining to health.
  - c. It is a bureau of vital statistics for the United States and foreign countries.
  - d. It conducts the medical and mental examination of immigrants.
  - e. The bureau is intrusted with the supervision of the sale of serums, antitoxins and like preparations in the United States.
  - f. Finally, the bureau forms a central agency for the assistance of State and municipal health organizations and authorities -- a general health clearing house for the nation.

The story of the origin and development of the Public Health Service from very small beginnings into a fully developed bureau with such varied activities is merely one chapter in the larger story of the gradual extension of national control over the economic and social activities

of the people of the United States. A study of the development of the Public Health Service is, then, a type study of this general development.

It is the purpose of this study to relate one phase of the development of the Public Health Service, that is, the legislative development during the period of its most rapid development from 1883 to 1913.

While the subject proper of this study is "The Legislative History of the Public Health Service from 1883 to 1913" it seems necessary for the better understanding of this period to make a summary survey of the origin and development of the bureau prior to 1883. The materials of this summary were taken largely from the United States Statutes at Large and from secondary sources to which references are given in the text.

Following this summary there will be a brief discussion of factors and agencies involved in the further study beginning with 1883. Such a discussion seems necessary for the organization of the subject. Following this general discussion the story proper of the legislative development of the Public Health Service with particular stress on the factors and agencies brought out in the general discussion will follow. The material itself will be grouped in chapters extending over varied periods of time, the plan being to center the material of each chapter around some central and predominating factor during the period covered by the chapter.

## Chapter 1.

### The Origin of the Public Health Service and its Legislative Development Prior to 1883.

#### 1. The Origin

The present Public Health Service had its origin very soon after the adoption of the present Constitution of the United States in two different and at first separate activities of the federal government.

The first of these activities was in connection with quarantine against contagious diseases which might be brought into the United States from foreign countries. The act of Congress of May 27, 1796<sub>1</sub>, entitled "An act relative to quarantine" makes the beginning. The act gives authority to the President

"to direct the revenue officers and the officers commanding forts and revenue cutters to aid in the execution of quarantine, and also in the execution of the health laws of the States, respectively, in such manner as may to him appear necessary."

The second of these activities dealt with the care of sick or disabled seamen of the merchant marine of the United States. The act of Congress of July 16, 1798<sub>2</sub>, provides

"that from and after the first day of September next, the master or owner of every ship or vessel of the United States, arriving from a foreign port into any port of the United States, shall before such ship or vessel shall be admitted to an entry render to the collector a true account of the number of seamen that shall have been employed on board such vessel since she was last entered at any port of the United States and shall pay to the said collector at the rate of twenty cents per month for every seaman so employed, which sum he is hereby authorized to retain out of the wages of such seamen."

The money so collected was to be used to relieve sick

and disabled seamen. Any surplus of money the President was authorized to expend for the erection of marine hospitals at different ports in his discretion. He was further authorized to appoint directors of the marine hospitals so erected to hold office during his pleasure.

From 1796 and 1798 respectively to 1878, these two activities were carried on by the National Government as separate and distinct activities. In 1878 they were combined by act of Congress. A brief survey of each of the two activities prior to that date is necessary at this point.

## 2. National Quarantine Legislation 1796-1878.

The federal quarantine act of 1796 was repealed by the act of February 25, 1799<sub>3</sub> entitled "An act respecting quarantine and health laws." Important provisions of this act are as follows:

1. The quarantine and health laws of the States are to be observed by
  - a. The collectors and all other officers of the revenue,
  - b. Masters and crews of revenue cutters,
  - c. Military officers in any fort or station upon the seacoast;
2. The above named officials and officers are authorized and required faithfully "to aid in the execution of such quarantine and health laws;"
3. The officials and officers "shall be directed from time to time by the Secretary of the Treasury."

This act was the fundamental national quarantine act prior to 1878. There were, however, two temporary laws prior to that date in supplement to the fundamental act which must be considered briefly.

The act of July 13, 1832<sub>4</sub> entitled "An act to enforce quarantine regulations" authorizes the Secretary of the Treasury

"to cause to be employed such additional revenue boats and officers as he may deem necessary," to aid in the execution of the quarantine and health laws of the States, if in his opinion the revenue cutters, revenue boats, or revenue officers, employed for the purpose of the revenue should be insufficient. The act expired by its own limitation on March 4, 1833.

The other temporary act was the "Joint resolution respecting quarantine and health laws" approved May 26, 1866.<sub>5</sub> This resolution authorizes the Secretary of the Treasury

"to make and carry into effect such orders and regulations of quarantine as, in his opinion, may be deemed necessary and proper in aid of State or municipal authorities, to guard against the introduction of the cholera into the ports of the United States."

The revenue officers and the officers commanding revenue cutters were to aid in the execution of such quarantine and also in the execution of the health laws of the States under direction of the Secretary of the Treasury. This act expired January 1, 1867.

### 3. Development of the Marine Hospital Service - - - 1798-1878.

The first hospital for sick and disabled seamen established under the act of July 16, 1798, was at Washington Point Norfolk. By 1802 there were hospitals at the following points: Norfolk, Boston, New York, and Charleston. New hospitals were built at various points from then on.

From 1798 to 1870 the Marine Hospital Service, as this activity of the federal government came to be called, was unorganized. Each director supervised the expenditures in the port to which he was appointed and provided accommodations and governed the hospitals under general instructions of the President, and rendered an account quarterly to the Secretary of the Treasury, or other person designated by the President.

The year 1870 marks the beginning of the organized Marine Hospital Service. The act of Congress of June 29, 1870,<sup>6</sup> provided a central administration. It authorized the Secretary of the Treasury to appoint a Supervising surgeon at a salary of \$2000 in addition to traveling expenses. His duties were to supervise under the direction of the Secretary of the Treasury.

"all matters connected with the Marine Hospital Service, and with the disbursement of the fund for the relief of sick and disabled seamen."

To defray the expense of this new office the hospital tax on seamen was increased from twenty to forty cents per month.

In April 1871, Dr. John M. Woodsworth was appointed first Supervising Surgeon. The rules governing the Service were gradually revised, the new rules were codified in regulations approved October 1, 1873. The first annual report of the organized Service was the one for 1872.<sup>7</sup>

#### 4. The Union of National Quarantine with the Marine Hospital Service-Act of April 29, 1878.

The union of the national quarantine activity with the

Marine Hospital Service was accomplished by the act of Congress approved April 29, 1878.<sup>8</sup> Important provisions of this act entitled "An act to prevent the introduction of contagious and infectious diseases into the United States" are as follows:

1. A definite national quarantine was established forbidding vessels from foreign ports where contagious or infectious diseases existed, from entering the United States contrary to the quarantine laws of the United States except in accordance with the quarantine laws.
2. The Supervising Surgeon General of the Marine Hospital Service under the direction of the Secretary of the Treasury was charged with the execution of the provisions of this act. He was authorized to "frame all needful rules and regulations for that purpose -- subject to the approval of the President."
3. The act states definitely that "such rules and regulations shall not conflict with or impair any sanitary or quarantine laws or regulations of any State or municipal authorities now existing or which may hereafter be enacted."
4. The act makes it the duty of the medical officers of the Marine Hospital Service and Customs to aid in the enforcement of the national quarantine rules and regulations.
5. State or municipal quarantine agents were empowered by this act to act as officers or agents of the national government in connection with the quarantine system upon the application of the respective State or municipal authorities wherever at any point of the United States any State or municipal quarantine system existed or might thereafter exist.
6. At all other ports where, in the opinion of the Secretary of the Treasury, it seemed necessary to establish quarantine, the Marine Hospital Service was to perform such duties in the enforcement of the quarantine rules and regulations as might be assigned to them by the Surgeon General -- "Provided, that there shall be no interference in any manner with any quarantine laws or regulations as they now exist or may hereafter



be adopted under State law."

7. The Surgeon General of the Marine Hospital Service was to prepare and transmit to the medical officers of the Marine Hospital Service, to collectors of customs, and to the State and municipal health authorities in the United States, weekly abstracts of the consular sanitary reports and in case of the departure of any vessel from infected places to any port of the United States he was to notify the proper State or municipal and United States officers at the threatened port of destination of the vessel.

This act was the fundamental national quarantine law down to 1893. As shown by its provisions it established for the first time definitely a national quarantine concurrent with the quarantine powers of the respective states and in co-operation with the same.

By making the Marine Hospital Service responsible for the execution and administration of the national quarantine law, and rules and regulations under the law, the act laid the real basis of the present Public Health Service. The Marine Hospital Service furnished, as it were, the institutional base, whereas the administration of the national quarantine law furnished the vital energy, the motive power, as it were, through which the Marine Hospital Service gradually extended its activities over the health affairs of the nation, thus gradually evolving from the Marine Hospital Service into a fully organized bureau concerning itself with the health of the nation.

Incidentally, it must be pointed out that the greatest defect of the law was the fact that no penalty was provided for its violation.

## 5. The National Board of Health.

Hardly had the basis of the present Public Health Service thus been laid by the act of April 29, 1878, when a move into an entirely different direction was commenced which, if continued, might have led to a very different sort of national public health control than what exists to-day.

Because of the general public alarm over the disastrous yellow fever epidemic of the summer of 1878, Congress was impelled to take some drastic steps to prevent the recurrence of such a disaster. As first step in that effort Congress enacted the law of March 3, 1879, entitled "An act to prevent the introduction of infectious or contagious diseases into the United States and to establish a National Board of Health."<sup>9</sup>

By this act a National Board of Health was created to be composed of seven members to be appointed by the President with the consent of the Senate, in addition to one medical officer from the army; one medical officer from the navy, and one officer from the Marine Hospital Service, and one officer from the Department of Justice.

The duties of the National Board of Health were to be as follows:

1. To obtain information upon all matters of the public health.
2. To advise the several departments of the government, the executives of the several States, on all questions submitted to them, or whenever in the opinion of the Board such advice might tend to the preservation and improvement of the public health.

3. To report to Congress a plan for a national public health organization, which plan was to be prepared after consultation with the principal sanitary organizations and the sanitarians of the several States, "special attention being given to the subject of quarantine both maritime and inland, and especially as to the regulations which should be established between State or local systems of quarantine" and a national system."

Fifty Thousand Dollars was appropriated by Congress to defray the expenses of the Board and to pay the salaries of its members.

By an act approved June 2, 1879, entitled "An act to prevent the introduction of contagious and infectious diseases into the United States"<sup>10</sup> Congress took a second and much more drastic step. This act provides:

1. First with reference to vessels from any foreign port where contagious or infectious diseases existed,
  - a. a penalty for entering any port of the United States thus correcting the weakness of the act of 1878,
  - b. required bills of health from ports of departure,
  - c. required medical inspection of ships at consulates;
2. Second, with reference to the National Board of Health,
  - a. powers conferred upon the Surgeon-General of the Marine Hospital Service by the act of 1878 transferred to the National Board of Health;
  - b. the National Board of Health to "co-operate with and so far as it legally may aid State and municipal boards of health in the execution and enforcement of the rules and regulations of such boards";
  - c. at such ports or places in the United States "as have no quarantine regulations under State authority "and at such ports and places in the United States "where

the quarantine regulations which exist under the authority of the State, in the opinion of the national Board of Health, are not sufficient to prevent the introduction of diseases into the United States", the National Board of Health was to report the facts to the President and if in the judgment of the President it was necessary and proper to make additional rules and regulations.

- d. Such additional rules and regulations were to be promulgated by the National Board of Health and enforced by the sanitary authorities of the State, where the State authorities will undertake to execute and enforce them. In case of failure or refusal on part of State authorities to do so the President might detail an officer or appoint a proper person for that purpose.

The act carried with it an appropriation of \$500,000 for the use of the National Board of Health. By its own limitation this act expired June 2, 1883. The National Board of Health, however, continued under its original function by the act of March 3, 1879, until 1893. However, because of failure on part of Congress to make appropriations all activity of the Board ceased soon after 1883.

When the act of June 2, 1879, expired the law of 1878 again went into full effect with the Marine Hospital Service in control of the execution and administration of the law. It is at this point that the account proper of this study begins.

## Chapter 11.

## Factors and Agencies Involved in a Further Study of the Subject.

## 1. Factors Involved.

Before beginning the legislative history of the Public Health Service with the year 1883 it seems best first to draw some conclusions from the summary survey made of the period prior to that date and to point out some of the factors and agencies involved in the study about to be undertaken.

One of the important tendencies which is apparent from the survey is the gradual expansion of the powers of the national government and the slow but steady encroachment upon the powers of the States.

All the national quarantine laws prior to 1878 assume the supremacy of State quarantine legislation and regulations. The acts of 1796 and 1799 are for the purpose of assisting in the execution of the quarantine and health laws of the States. The two temporary laws of 1832 and 1866 indicate a slight expansion of federal power, the former by authorizing the expenditure of money from national source for the particular purpose of assisting State authorities, the latter by authorizing the Secretary of the Treasury to make and carry into effect "rules and regulations in aid of State and municipal authorities. "However, it can be stated definitely that the period from 1796 to 1878 was distinctly the period of Supremacy of State Quarantine Legislation.

The act of 1878 is a great step in advance. By it a

national quarantine is established with its own rules and regulations and independent organization and administration. A very significant provision of the law is the fact that the national government proposes to establish quarantines at ports where no such provisions are made by the States or where such provisions are considered inadequate. The act, however, takes every precaution to avoid direct conflict between federal and State legislation by providing that national quarantine rules and regulations are not to conflict with or impair any sanitary or quarantine laws or regulations of State and municipal authorities. The federal government, however, does invite the co-operation of the States by permitting State officers and officials to act as United States agents upon application of the proper State authorities. The federal government extends its influence farther by offering to supply when called upon or when it sees fit to State authorities useful information.

The act creating the National Board of Health and the act of June 1879 giving to that Board extensive authority, marked an even greater advance in the extension of federal control over quarantine. Inasmuch, however, as the law of June 2, 1879, expired in June 1883, there was a recession of national power, the situation reverting to that created by the act of 1878. The period of the fundamental law of 1878 may be called the period of Concurrent Quarantine Legislation.

The principal factor, then, of this study, the leading

theme, as it were, is the gradual extension of federal control and power, first in matters of quarantine leading to practical federal supremacy and second the extension of federal control and authority over the health activities of the nation which culminated in the full development of the Public Health Service.

## 2. Administration of National Quarantine and Health Control.

Another feature to be observed from the survey of the period prior to 1883 is the gradual development of administrative organization. The act of 1796 makes the President the administrator of the law. The act of 1799 places the direct execution of the law in the hands of the Secretary of the Treasury and the execution is effected through the revenue service. It is not until 1870 that an independent organization of the Marine Hospital Service in the Department of the Treasury is effected. The importance of this Service is greatly increased by the act of 1878 which gives to it the execution of the national Quarantine Law.

Temporarily an entirely different administrative organization was introduced in form of the National Board of Health, active through the period from 1879 to 1883. From that point on another leading factor of this study becomes the question of administrative organization. Time and again it will be found as the study proceeds that there will be agitation to create some organization of administration other than the Marine Hospital Service. At one time a national bureau of health is advocated, at other

times the agitation is for a national department of health, and still at other times a national Board of Health is being agitated.

These two factors, the one concerned with the gradual expansion of federal control over public health, the other concerned with the administrative organization of that control, must not be looked upon as excluding each other. Both factors are frequently involved in the story during the same period of time. Generally speaking, however, it may be stated that the first factor is the more constant, the every present one, while the second factor appears more sporadically, and is probably more prominent at the close of the period studied than at the beginning.

### 3. Forces and Agencies Involved.

For the sake of giving clearness and definiteness to the discussion which is to follow, it may be well to point out in advance some of the important factors and agencies which either aided in the development of the factors discussed above or which retarded their progress.

Among the forces and agencies favoring the development of the factors the following may be given:

1. Necessity or emergency arising from epidemics of cholera, yellow fever, bubonic plague, etc.
2. Public interest aroused by general diffusion of scientific knowledge particularly with reference to sanitation and preventive medicine;
3. Gradual development of public opinion that uniform federal control is conducive to better results than individual State control -- the general growth of the spirit and feeling of nationalism;
4. Active agencies,
  - a. medical associations



- b. scientific organizations and societies
- c. public spirited men
- d. State and local boards of health.

Among the deterrent forces and agencies the following may be enumerated:

1. Political strict construction theories of the Constitution:
  - a. States rights, b. police powers of the States;
2. Antagonistic schools of medicine and healing:
  - a. homeopath, b. allopath, c. osteopath, d. eclectic
3. Manufacturers of patent medicines,
4. Retail druggist organizations,
5. Different schools of faith healing,
6. Christian Science

Again it must be borne in mind that these different agencies and forces for and against the development of the factors involved are not exclusive of each other. Generally speaking, they appear approximately in the order given.

## Chapter 111.

Attempts to Revive the National Board of Health  
1883-1887.

## 1. Bills Introduced in Congress.

Having taken a general survey of the subject prior to 1883, and having noted in a broad way the factors and agencies involved, the story may be taken up with the year 1883.

The period of 1883 to 1887 covering the sessions of the 48th and the 49th Congresses produced little if anything of importance in the line of national health legislation. The bills which were introduced were almost entirely efforts to revive the powers of the National Board of Health which had expired with the act of June 2, 1879.

During the 48th Congress 4 bills were introduced in congress and during the 49th only 3 bills.<sup>1</sup> Only one of these 7 bills was reported back. This was a bill introduced by representative Casey Young of Tennessee on January 8, 1884. The bill (H.R.2785) entitled "to amend an act entitled 'an act to prevent the introduction of infectious and contagious diseases into the United States and to establish a National Board of Health'" "was reported adversely by the Select Committee on the Public Health to which it had been referred.<sup>2</sup> The Committee however recommended to include in the Civil Sundry Appropriation a sum of \$25,000 for the use of the National Board of Health. No action however was taken on this recommendation. Of the remaining bills introduced at least 4 definitely indicate in their titles the creation of a national board of health or the re-enactment of the act of June 2, 1879.

## 2. Evidence of Agitation in Favor of the National Board of Health.

The fact that Congress took no action does not mean that there was not considerable agitation in favor of national health legislation particularly with reference to the incapacitated National Board of Health.

During the 48th Congress a number of petitions were presented to Congress praying to enact legislation

- a. to prevent the spread of contagious diseases,
- b. to make appropriations for the National Board of Health,
- c. to define the jurisdiction and powers of the National Board of Health.<sup>3</sup>

Interesting is the petition from the American Public Health Association which met at Detroit, November 1883.

The petition reads in part as follows:

"Be it resolved, That we most earnestly petition the Congress of the United States to make suitable annual appropriations to be expended under the direction of the National Board of Health in experimental investigations relating to sanitary matters."<sup>4</sup>

During the first session of the 49th Congress about 50 petitions were presented to Congress by citizens from 21 States praying for the continuation of appropriations for the National Board of Health. Besides these petitions from private individuals there were petitions presented from the legislature of Iowa; from the State boards of health from Missouri and New Hampshire; from the boards of health of Canton, Ohio, and of Philadelphia; also petitions from New York Academy of Sciences and the Philadelphia Medical Society.<sup>5</sup>

### 3. Why Was No Action Taken by Congress?

In view of the numerous petitions it seems strange that Congress did not act in behalf of the National Board of Health. Naturally the question arises as to whether or not these petitions were genuine expressions of public sentiment. The truth probably is that the large number of petitions was the result of organized effort in behalf of the Board and represented perhaps the opinion of only a very small portion of the people. To determine the truth in the matter would require a much more exhaustive investigation than can be made at this point. A brief survey of how the National Board of Health came to be established; its activities, the support or opposition which it encountered during its operations may throw some light on the subject.

It is perhaps correct to say that the creation of the Board by the act of March 3, 1879, and the assigning to it the administration of the national quarantine by the act of June 2, 1879, was the result of emergency and panic rather than a strong wide-spread public demand for such a Board.

During the summer of 1878 a disastrous yellow fever epidemic occurred in the South which proved very destructive to life and which was estimated to have cost the country some \$200,000,000.<sup>6</sup> The fear arising from this disaster no doubt gave influence to a movement to avert such a gigantic disaster in the future by means of quarantine to prevent the introduction of the dread disease.

On the assembling of Congress each branch appointed a special committee to investigate and report the best means

of preventing the introduction and spread of epidemic disease.

On the recommendations of these committees a mixed Congressional and Medical Commission was created by act of Congress for the purpose of collecting the opinions of physicians and other residents of the localities where the fever had prevailed as to the cause of the outbreaks and the most practical method of averting a recurrence of such disaster in the future.<sup>7</sup> The report of this Commission resulted in the enactment of the acts of March 3 and June 2, 1879.

That the Board accomplished a great deal, even a superficial examination of the annual reports of the Board during its active period will reveal.

In pursuance to its duties the Board proceeded to set on foot numerous investigations and inquiries. The scope of this work may be seen from a very partial list of investigations taken from the Report 1880:

1. The collection of information and advice from the principal sanitary organizations and sanitarians of the United States as to the best plan for a national public health organization;
2. Investigation of yellow fever in Cuba;
3. Collection of the sanitary laws of the United States and of the several States;
4. Investigation in the adulteration of food in the United States;
5. Preliminary inquiry as to the communicable diseases of animals.<sup>8</sup>

In connection with maritime quarantine the National Board of Health made elaborate plans for the location and equipment of quarantine stations so located as to avail for the protection for all the exposed ports of the United States on the South Atlantic and Gulf coasts. The stations planned

were to be located at the following ports: Sapilo Sound, off the coast of Georgia; Hampton Roads in Virginia; Charleston, South Carolina; and Ship Island, off the coast of Mississippi. Because of inadequate appropriations only temporary and imperfect arrangements were made in Sapilo Sound and at Hampton Roads. The plan at Charleston was entirely abandoned. Only the quarantine station on Ship Island was completed at a total cost of \$30,047.87.<sup>9</sup>

As a matter of interstate quarantine the National Board of Health organized an inspection service on the Mississippi River. This was done at the request and in aid of the health authorities of the various States and municipalities in the Mississippi Valley. The necessity of such a service grew out of the apprehension of the people of that valley from New Orleans to St. Louis that the disaster which they had experienced so often in the past and especially in the summer of 1878, by the transmission of yellow fever from New Orleans might be repeated whenever the disease was introduced into that city.<sup>10</sup>

In this enterprise the Board seems to have met both with co-operation and commendation, as well as with opposition and condemnation on part of State authorities. As an instance of the former the testimony of Dr. J.H. Rauch, secretary of the State Board of Health of Illinois may be cited. In commenting upon the work of the National Board of Health with reference to inspection service he points out the fact how greatly the financial loss to the respective States was

diminished because of the minimum of commercial obstruction.

"In 1878 there was practically a quarantine excluding everything that came from the South, while in 1879 it was one of inspection, excluding only dangerous articles. This result could not have been brought about without the co-operation of the National Board of Health."<sup>11</sup>

Unfortunately the Board incurred the animosity of the Board of Health of Louisiana. The National Board's side of the story is found in the annual Report for 1883 (pp.29-30).

"As has just been stated the health authorities of New Orleans under the name of Board of Health of the State of Louisiana had joined in the request of the sanitary council of the Mississippi Valley for the establishment of the service. They were well aware of the importance of the service to the continuance of the trade of that city with other places on the river, but apparently expected the agents of this Board to be exclusively guided by their opinion and diagnosis in all cases of suspicious disease, for they resented as an insult and injury every effort made by the supervising inspector to ascertain the nature of suspicious cases of fever. It is needless to say that the Board of Health consented to play a part which would have been a betrayal of the trust confided to it by the health authorities of the States of the Mississippi Valley. -- The Louisiana Board of Health -- has never lost an opportunity to find fault with and heap abuse upon their distinguished fellow citizen, the supervising inspector of the service in question, and all the officers of the Board for the discharge of their duties in this connection."

In the Report for 1882 (p.23) the following complaint is found:

"The Board of Health of the State of Louisiana has persistently refused to send infected vessels bound for New Orleans to Ship Island. The health authorities of the Mississippi Valley have with equal persistence demanded, in the interest of public health of the valley, that no infected vessel should pass Eadsport northwise."

Communication was addressed to the governor of Louisiana to use his influence to secure needful legislation but

nothing was done by the State Legislature.

There is some pretty definite evidence that the Marine Hospital Service was hostile toward the National Board of Health, and was using its influence against the Board. During the debate on the act of 1893 representative Amos J. Cummings of New York introduced a letter from a former member of the National Board of Health to the following effect:

"If you have time to inquire as to the promoters and advocates of the measure you will, I think, find them chiefly among the surgeons and clerks of the Marine Hospital Service. In season and out of season for the past ten years they have been busy exerting their influence to extend the powers of the Treasury Department in so far as it relates to that branch of the service, resorting to any and all methods to accomplish their purpose. -- It was through the grossest misrepresentations on part of the officers and employees of that service alone that the act of June 2, 1879, which expired by limitations June 2, 1883, was not re-enacted."

12

One may perhaps discount the charges made in the above letter as coming from a disgruntled member of the National Board of Health. However, Senator Harris of Tennessee who, as will be shown later, championed the act of 1893 which conferred powers upon the Marine Hospital Service and who therefore could not have been particularly hostile to that service, made the following statement during the debate on the bill:

"While the National Board of Health existed it was crippled, embarrassed, and finally starved to death by the active hostility of the Marine Hospital Service."

13

This statement of Senator Harris has particular weight



inasmuch as he had been a member of the Senate Committee on Epidemic Diseases for some years and consequently no doubt, had authentic inside information.

These facts point out in a general way the probable reasons why no favorable action was taken in reviving the National Board of Health. In the first place the creation of the Board was more in the nature of an emergency action than anything else. In the second place, while the Board did some excellent work it incurred the bitter hostility of at least one State Board of Health and while the State boards of health in the Mississippi Valley north of Louisiana seem to have supported the Board, the opposition of the hostile board was probably more active than the support of the boards favorable to the Board. Finally, the Board was no doubt strongly opposed by the Marine Hospital Service.

Whatever the principal reason may have been, the fact remains that by 1887 the National Board of Health was doomed and no health legislation of importance was enacted from 1883 to 1887.

## Chapter IV.

Legislation Supplementary To The Act of 1878-  
1887-1891.

All efforts to revive the National Board of Health during the sessions of the 48th and the 49th Congress having failed, the activity of the 50th and 51st Congresses from 1887 to 1891 was largely directed toward the strengthening of the fundamental quarantine act of 1878 and the supplementing of the same.

No less than eleven quarantine or public health bills were introduced in Congress during the period under discussion.<sup>1</sup> The net results of these efforts were two laws, the act of August 1, 1888 and the act of March 27, 1890.

## 1. The Act of August 1, 1888.

The act of August 1, 1888 originated in a bill (S2493) introduced by Senator Isham G. Harris of Tennessee on March 26, 1888. The bill entitled "An act to perfect the quarantine service of the United States"<sup>2</sup> was taken under consideration on May 3, 1888. There was practically no debate. Senator Harris explained that

"the bill was prepared by the Treasury Department upon the suggestion of the Surgeon General of the Marine Hospital Service just as it appears here. It was unanimously reported by the Committee."

The bill was then passed. When it came up for consideration in the House on July 23 it was passed there without objection and on August 1, 1888 it received the approval of the President.<sup>3</sup> The principal provisions of

the law are as follows:

1. It provides a penalty or fine of not more than \$300 or imprisonment of not more than 30 days, or both, for any person, master or owner of vessels which enter any port of the United States in violation of the act of April 29, 1878. The same fine for persons trespassing on grounds belonging to any quarantine stations,
2. It provides for the establishment of seven quarantine stations at different points of the United States coast and makes appropriations for the establishment of the same.<sup>4</sup>

Under provisions of this act quarantine stations were established at the mouth of Delaware Bay, near Cape Charles, one on the Georgia coast, one at Key West, in San Francisco harbor, and one at the entrance of Puget Sound.

## 2. The Act of March 27, 1890.

This act was first introduced as Senate bill 3467 on August 21, 1888 by Senator Harris of Tennessee, by request. On September 14 it came up for debate in the Senate.<sup>5</sup> The bill provided:

1. Wherever it shall be made to appear to the President that cholera, yellow fever, small pox, or plague exists in any State or Territory ---- and there is danger of the spread of such disease the President is authorized,
  - a. to cause the Secretary of the Treasury to make and promulgate such rules and regulations as in his judgment may be necessary to prevent the spread;
  - b. to employ such inspectors and other persons as may be necessary to execute such regulations.
2. Penalties are provided for the violation of such rules and regulations and quarantine laws in general on part of any person; officer or person acting as officer or

or agent of the United States; common carriers or officers, agents, and employe of common carriers.

Without opposition the bill passed the Senate, but on December 13, 1888 the Committee on the Judiciary reported the bill back adversely in the House.<sup>6</sup>

During the 51st Congress the bill was re-introduced in the Senate by Senator Harris, this time as Senate bill 140 entitled "An act to prevent the introduction of contagious diseases from one State to another and for the punishment of certain offenses." On February 14, 1890 the bill came up for consideration in the Senate and again was passed without opposition.<sup>7</sup>

When the bill came up for consideration in the House on March 10, 1890 it was passed without objection with a minor amendment which provided that the rules and regulations be prepared by the Surgeon General of the Marine Hospital Service under the direction of the Secretary of the Treasury instead of by that official directly. The Senate concurred in the amendment and on March 27, 1890 the bill was approved by the President.<sup>8</sup>

### 3. An Attempt to Establish a Bureau of Public Health.

While the actual legislation during this period was in support of and supplementary to the fundamental act of 1878 at least one unsuccessful attempt was made to create a national health organization other than the Marine Hospital Service.

On January 4, 1888 representative Robert F. Davis of Massachusetts introduced a bill (H.R. 1526)- "to prevent the introduction of contagious and infectious diseases into the United States and to establish a bureau of public health." Important provisions of this bill were as follows:

1. There shall be established in the Department of the Interior a bureau of public health.
2. The President shall appoint from civil life with the consent of the Senate a Commissioner of Health who shall be entrusted with the management of the bureau.
3. It shall be the duty of the Department of State to obtain information from consular officers concerning sanitary conditions in foreign ports, also information through all sources possible, and weekly reports of sanitary conditions in ports and places of the United States. Abstracts of consular reports and other pertinent information to be transmitted to the officers of the Marine Hospital Service, collectors of customs, etc --
4. The Commissioner of Health, under the direction of the Secretary of the Interior, to frame rules and regulations, etc --
5. The Bureau of Health to investigate the origin of diseases.
6. The act of March 3, 1879 to be repealed.

The debate on the bill was brief. Representative Breckenridge of Kentucky proposed to strike out the word "Interior" and insert "Agriculture." Mr. Davis who spoke for the bill said in part:

"After a year's consideration this bill was prepared by the conference of the State boards at its annual meeting, and was

afterward approved by the National Public Health Association. I know that the enactment of this bill is desired by the medical profession and I believe it to be required by the sanitary interests of the country."

Principal opposition to the bill came from representative Wilkinson of Louisiana. His attitude was expressed as follows:

"The bill proposed covers but a small part of the ground of needed legislation. --- The bill will not be efficacious for the purpose for which legislation is needed. It is a bill which can do no harm that I know of but which I think will also do very little good."

Mr. Wilkinson then asked for permission to have printed into the record a bill prepared by the Board of Health of Louisiana and the commercial bodies of the city of New Orleans.<sup>10</sup> The request was granted. After a little further discussion Mr. Davis withdrew the bill.

#### 4. Net Results of the Period.

The period of from 1887 to 1891 presents a decided gain of federal power and control over quarantine affairs, whereas the attempt to establish a new form of national quarantine and health organization was abortive.

The act of August 1, 1888 corrected the principal weakness of the fundamental law of 1878 in that it provides penalties for the violation of that act and it increased the effectiveness of the Marine Hospital Service greatly by the establishment of seven additional quarantine stations.

The act of March 27, 1890 is distinctly an interstate quarantine law applicable in the four enumerated diseases of cholera, yellow fever, smallpox, and plague. In this respect the act supplements the fundamental act of 1878 which is weak from the standpoint of interstate quarantine. One cannot help wondering at the little opposition the act met in Congress at the final passage in view of the sweeping provisions. The President is practically given plenary powers in case of the four diseases enumerated to make any rules and regulations whatsoever through the Surgeon General of the Marine Hospital Service. No mention is made of any conflict with State rules and regulations. To determine the origin of this law and why the lack of opposition to it would require a more exhaustive investigation than can be made at this point.

In the Marine Hospital Service Report for 1890 (pp.27-28) the Surgeon General presents the following summary of the legislation:

"A notable event in the history of sanitary legislation was the passage by Congress of what is known as the Interstate Quarantine Law, March 28, 1890. The act of April 29, 1878 inaugurated the system of reports from our consuls abroad and prohibited the entry of infested ships. The act of August 1, 1888 established United States quarantines wherever the sanitary defenses of our coast seemed incomplete, and the present law provides that when it shall appear to the satisfaction of the President that cholera, yellow fever, smallpox, or plague exists in any State or Territory then regulations for the prevention of this extension shall be framed by the Supervising Surgeon-General approved by the Secretary of

the Treasury and the President. --- Taking these three acts as a whole there is now authority for the exercise of governmental control wherever an extraordinary emergency shall require it; and for the ordinary quarantine service and the collection of sanitary information the Marine Hospital Bureau is greatly strengthened by this act."

The unsuccessful attempt to create a National Bureau of Health in the Department of the Interior is interesting in that the bill probably represented the ideas of at least some of the State boards of health and health officers. The opposition of the State Board of Health of Louisiana to other boards of health created by the situation in the summer of 1879 is reflected by the fact that they had their bill printed into the record in opposition to the measure. The House of Representatives did not seem anxious to undertake such a sweeping change as presented by H. R. 1526 and to stir up trouble. The character of the debate leaves the impression that the measure was introduced out of consideration to the organizations advocating it rather than because of any serious interest in it.



## Chapter V.

The Fundamental Quarantine Act of February 15, 1893.  
(1891-1893)

While the Supervising Surgeon-General of the Marine Hospital Service expressed himself in his report of 1890 as satisfied with the then existing quarantine laws, conditions soon arose which caused great agitation for more extensive and intensive federal legislation. This agitation resulted in an entirely new fundamental quarantine act, the act of February 15, 1893 enacted by the 52nd Congress.

## 1. Reasons for the Agitation.

The cause for the demand on part of sanitarians of the United States and the public in general for further national quarantine legislation was the European cholera epidemic of 1892.

The epidemic appears to have been imported into Russia from Persia by the way of the Caspian Sea and the Caucasus. During the month of June 1892 the cholera appeared in Baku in southern Russia and rapidly spread through the great towns of the Volga. In the latter part of July the first cases occurred at Moscow and St. Petersburg. The total number of deaths from cholera in Russia during the prevalence of the epidemic was estimated at 300,000.

Early in spring an outburst of cholera occurred in the vicinity of Paris, France. By the end of July the disease had reached Paris causing 1694 deaths in that city.

The outbreak of the disease in Germany occurred suddenly in Hamburg. The total number of cases which were reported was 17,972 and the number of deaths 7610.

During the month of September 1892 ten cases of cholera and eight deaths occurred in the City of New York. Seventy two cholera cases and fifty six suspected cases were transferred to Swineburne Island from vessels in the harbor. These vessels had all cleared from Hamburg except one which came from Liverpool.<sub>1</sub>

The Report of the Marine Hospital Service for 1893 (p.265) gives the following account:

"The widespread prevalence of cholera throughout Europe in 1892, its presence in the city of New York --- gave rise to much anxiety to sanitarians and the general public. The daily newspapers were filled with opinions of health officials, sanitary experts, and physicians, unanimously agreeing upon the great danger which seemed to be impending. This apprehension was largely increased by reason of the World's Columbian Exposition, which was to be opened May, 1893, which would necessarily cause a large influx of visitors and importations of merchandise from portions of Europe that were likely to be infected. As a result of this apprehension and the widespread discussion of the matter in the public prints Congress passed the law of February 1893."

The Marine Hospital Service, assuming authority under the act of 1878, had taken some drastic measures to prevent the introduction of the disease into the United States. The most radical of these measures was the one enacted by the circular of September 1, 1892 issued by the Surgeon-General. It is here given in part:

"It having been officially declared that cholera is prevailing in various portions of Russia, Germany -etc- no vessel from any foreign port carrying immigrants shall be admitted to enter any port of the United States until said vessel shall have undergone a quarantine detention of twenty days (unless such detention is forbidden by the laws of the State, or the regulations thereunder.)<sub>2</sub>

The Surgeon-General continues to state the effects of this measure:

"The effect of this circular (to the present date, November 30) has been practically to suspend immigration --- It is proposed to maintain this temporary suspension of immigration until Congress shall have had an opportunity to express its will in this matter."

The last statement indicates a doubt in the mind of the Surgeon-General with reference to the legality of this step taken under the act of April 29, 1878 and subsequent acts.

Such was the situation at the opening of the second session of the 52nd Congress. Seven bills pertaining to quarantine were introduced during this Congress.<sub>3</sub> The great achievement was the act of February 15, 1893.

## 2. The Parliamentary History of The Act of February 15, 1893.

The parliamentary history of the act of February 15, 1893 involves two bills, Senate bill 2707 (S2707) and House bill 9757 (H.R.9757). These were practically identical bills.

The Senate bill entitled "An act granting additional quarantine powers and imposing additional duties upon the

"Marine Hospital Service" was introduced by Senator Isham G. Harris of Tennessee on March 24, 1892. It was reported back from the Committee on Epidemic Diseases on December 22, 1892. On January 4, 1893 the bill was made special order of business for Friday and Saturday, January 6, and 7, 1893. The debate took place in the Senate from January 6 to 10 inclusive and was passed on the 10th.<sup>4</sup>

The House bill (H.R.9757) was introduced by Isidor Rayner of Maryland on December 6, 1892. On January 9, 1893 it was reported back. On the 19th of the same month Mr. Rayner called up the bill and asked for permission to substitute the Senate bill which had been passed on the 10th and was then on the table of the Speaker of the House. Practically the only difference between the two bills was the fact that the Senate bill carried an appropriation with it while the House bill did not. Mr. Cummings of New York objected to Mr. Rayner's request, and it was not granted. The general debate on the House bill began January 21, 1893 and on the 23rd the bill was passed.<sup>5</sup>

On January 25, 1893 the House bill was referred to the proper committee in the Senate. On the 31st it was reported back, at which time Senator Harris recommended to strike out all after the enacting clause and substitute the wording of the Senate bill minus the appropriation clause. On February 6, 1893 the bill so amended passed the Senate.<sup>6</sup> On February 8, 1893 Mr. Rayner in the House

moved to concur in the Senate amendment. The motion was carried. Thus the Senate bill slightly modified became the law. The President approved the bill on February 15, 1893.<sup>7</sup>

### 3. Provisions of the Act.

In order to understand the debates on the bill it seems best to give an analysis of the act of February 15, 1893.

The act is divided into 9 sections as follows.<sup>8</sup>

- Sec. 1- Makes entry of any merchant ship or other vessel from a foreign port or place into any port of the United States except in accordance with act unlawful. A penalty is provided for such violation not to exceed \$500.
- Sec. 2- Foreign vessels must obtain bills of health from consuls or other proper persons at port of departure. A penalty of not more than \$5000 for violation of this provision.
- Sec. 3- Supervising Surgeon-General of the Marine Hospital Service shall examine the quarantine regulations of all state and municipal boards of health --- and co-operate with and aid State and municipal authority.

At such ports or places within the United States as have no quarantine regulations under State or municipal authority --- and at such ports and places where such quarantine regulations exist which in the opinion of the Secretary of the Treasury are not sufficient --- the Secretary of the Treasury shall make such rules and regulations as are necessary to prevent the introduction of diseases into the United States.

Rules and Regulations so made shall be enforced by the sanitary authorities of the States and municipalities, where they will undertake to do so. -- If not, the President shall execute and enforce them, and adopt such measures as seem necessary to him.

Sec. 4- It shall be the duty of the Supervising Surgeon-General of the Marine Hospital Service, under the direction of the Secretary of the Treasury, to perform all duties in respect to quarantine provided in the act.

Sec. 5- The Secretary of the Treasury shall issue and make known all rules and regulations. Certificates of health officers at quarantine stations required for ships to discharge or land passengers.

Bills of health and certificates must be delivered by the master of the vessel to the collector of customs of the port.

Sec. 6- A vessel arriving at a port having no quarantine facilities may be remanded by the Secretary of the Treasury at its own expense to the nearest national or State quarantine.

Sec. 7- Authority given to the President "to prohibit in whole or in part the introduction of persons and property from such countries and places as he shall designate and for such a time as he may deem necessary," if in his opinion such action is necessary to prevent the introduction of disease into the United States.

Sec. 8- The Secretary of the Treasury authorized to pay reasonable compensation for the use of buildings and disinfecting apparatus at State quarantine stations.

Sec. 9- The act of March 3, 1879 establishing a National Board of Health repealed.

#### 4. The Debate.

In the Senate the opposition to the proposed measure was divided into two groups. The one group of Senators considered the proposed law too weak, the other group considered it entirely too strong.

As a member of the first group Senator John R. McPherson of New Jersey said in part:

"The bill of the Senator of Tennessee is entirely insufficient to reach the difficulties of the case -- He proposes to give additional powers to the marine officers, to make rules and regulations, but at the same time he is left to the mercy of the local quarantine officers.-- I believe this quarantine question should go into the hands of the Federal authorities and be lodged there and nowhere else." 9

Senator Orville Platt of Connecticut, another member of the first group, is equally or even more emphatic:

"This seems to be a bill which makes the United States of a secondary importance, and the United States power a secondary power of the States. -- Just as long as we legislate upon the idea that the Government is only to be secondary in whatever it does to the State authority, just so long shall we have insufficient quarantine. -- My idea is that the national government should go ahead. Then if the State authorities wish to co-operate with the national government, all right --- I would have the State supplement the national authority." 10

As a member of the second group of opponents Senator Roger Q. Mills of Texas said in part:

"This bill proposes to give power to certain officers of the Marine Hospital to control the whole of our foreign commerce, growing up towards two thousand million dollars. It is a tremendous power. --- It is an old doctrine of the party to which the Senator of Delaware and myself belong that the States are invested by their own citizens with the power to take care of the health of their own people.--- I will leave to the States to prescribe the laws which have prevented the introduction of contagious diseases, believing that they have the right and the power to do so, and that they can do it much more effectively than can the General Government." 11

Another champion of the State Rights theory was

Senator Edward D. White of Louisiana. He proposed a limiting amendment to the effect that

"all the provisions of this act shall expire on the 1st day of January, 1895."

Speaking in favor of this amendment he said:

"If we are to make this temporary make-shift, if the origin of the bill is the dread of the incoming cholera, then let us take time to legislate wisely upon the subject in the future. --- Admit the necessity for a national quarantine; admit its constitutionality; admit its wisdom, admit its expediency; are we going to adopt a national quarantine, bringing in it provisions which are fatal to local self-government from one end of this country to another?"  
12

The champions of the bill were what may be called the compromise group. The two outstanding members of this group were Senator William E. Chandler of New Hampshire and Senator Isham G. Harris of Tennessee. The Senator from New Hampshire defended the bill quite ably although he weakened his argument by consuming much of his time talking indirectly on a bill of his own on immigration. His compromise attitude may be seen from the following:

"I am inclined to believe that at no very distant day Congress will deem it advisable to take sole possession of the quarantine stations at Boston, New York and New Orleans, but Senators will see how difficult it is to do this at this time. -- I am not in favor of undertaking to bring on the conflict which would arise at once if we should undertake by an act of Congress at the present time to wipe out all State quarantine. --- I have been influenced to accommodate myself to the Senator from Tennessee, and to many other Senators who I know are opposed at this time and under these circumstances to attempting to secure legislation for the



establishment of exclusive national quarantine."<sup>13</sup>

In speaking in favor of his bill Senator Harris said in part:

"It is not entirely as experimental as many Senators seem to think it, for if Senators will look at the act of June 2, 1879, they will find that on that day an act was approved which contains every power contained in this bill; indeed the bill which is pending was taken from that act, the only difference being in substance that that act conferred these powers upon the National Board of Health which then existed and which still exists in the statute, under the direction of the Secretary of the Treasury, while this bill drops the National Board of Health view, and proposes to repeal the act which created it. The only other exception in the impending bill is the section which gives the President the power to suspend immigration temporarily."<sup>14</sup>

Numerous amendments were submitted but were rejected. The most important one was the limiting amendment of Senator White already referred to. In defending his amendment Senator White quoted Chief Justice Marshall in the case of Gibbons vs. Ogden to prove that quarantine power was lodged in the States and not in the federal government.

In the House Mr. Isidor Rayner of Maryland led the forces in favor of the measure. In a very able address he presented the following lines of argument:

1. The urgent necessity for this legislation,
2. The impotence of the States to deal with these matters alone,
3. The constitutionality of the proposed measure,
4. The bill does not place quarantine regulations in the hands of the federal government alone."<sup>15</sup>

Probably the chief opponents of the bill were representatives Stephen R. Mallory of Florida, Wm. C. Oates of Oklahoma, Wm. H. Crain of Texas, W. Bourke Cochran of New York and Amos J. Cummings of the same State. It will be noted that most of the opposition came from the South where of course the doctrine of State Rights was still held sacred. The representatives from New York showed strong State rights sympathies, no doubt, because the proposed legislation would affect that State more than any other, more than ninety per cent of the immigrants to this country coming through the port of New York at this time. Amos J. Cummings delivered the following manifesto:

"Now, sir, I want to serve notice on this House that hereafter, whenever it is proposed to consider a bill which overrides State rights, it will get no quarter from me. I intend hereafter, sir, to use every parliamentary means under the rules of the House to defeat such bill. The lines of State rights have almost been obliterated, in my opinion, by legislation on this floor. It is time that State rights lines were re-established, and I intend to give my little quota of effort toward re-establishing it." <sup>16</sup>

The argument of representative Oates in opposition to the measure contrasts strangely with that of Senator Platt, quoted in the Senate debate above. He said in part.

"The bill is gotten up wrong end foremost. It puts the Federal Government in the lead, and allows it to control this matter of quarantine regulations, when it has no power to do anything of the kind. It should follow and give aid to the States, but it cannot take the lead of the States." <sup>17</sup>

Wm. H. Crain of Texas in speaking about the power of the Secretary of the Treasury to make rules and regulations said:

"If the State authorities do not carry out his suggestions, the President is authorized to use the force of this country to carry them out. That is making the Treasury a supreme court to pass upon the legislation of the States."<sup>18</sup>

Representative William W. Bowers of California, speaking in defense of the bill, brings out strikingly the reason or necessity for the ever expanding powers of the national government. He said:

"I want the House and people of the country to understand that the struggle right here on this bill is whether the States shall be permitted to become paramount to the United States or not. I am no constitutional lawyer but I read it, and I read that the States have conceded to the General Government power to promote and to provide for the common defense and general welfare, and this bill is to provide for the general welfare and common defense against a common disaster. I tell you the Asiatic cholera does not stop at State lines or State boundaries. When you give me cholera that will stop at the State lines I shall not object to this proposition, but taking the disease as it is the people of the country have a common right to this provision of defense by the General Government."<sup>19</sup>

While the opponents of the measure in the Senate were not successful in attaching to it any important amendments the opposition in the House were more successful. After a heated debate the following amendment proposed by W. Bourke Cochran of New York was adopted by a vote of 94 ayes to 88 noes:

"Provided, that nothing in this act shall be construed to authorize any Federal officers to relax, modify or suspend any rules, precautions or regulations which may have been or which may hereafter be adopted by State or municipal authorities for the exclusion of contagious or infectious diseases from any part of the United States, or to permit the entry or discharge of any vessel in any port of the United States where quarantine regulations have been established until such vessel shall have complied with such regulations."

20

Inasmuch as the Senate bill was later substituted for the House bill the Cochran amendment did not become part of the act of February 15, 1893.

#### 5. Results

Because of the strong opposition on part of a group of Senators and Representatives one may get the impression that there was much popular opposition to the law. This impression is corrected by noting the final vote. The bill passed the Senate almost without opposition, while the final vote in the House was 138 ayes to 29 noes. This vote is probably a fair index of popular opinion at the time.

By the act of February 15, 1893 any idea of national administration of quarantine by any other agency than the Marine Hospital Service is for the time put aside. The National Board of Health finally passed out of existence legally.

From the standpoint of the expansion of national power over quarantine the act is a decided step in advance.

In fact, with this law it may be said that the period of concurrent quarantine legislation beginning with the act of 1878 comes to an end and with it begins the period of the Supremacy of National Quarantine control. This fact is not seen so much from the provisions of the law as from the results or the actual working out of the law. A good idea of how the law worked out may be gained from the report of the Supervising Surgeon-General of the Marine Hospital Service for the year 1895, two years after the enactment of the law. (p. 344)

"In accordance with the law of February 15, 1893, and the regulations of the Treasury Department, the whole coast of the United States from Maine to Washington was divided into ten inspection districts, and a regular medical officer of the Marine Hospital Service detailed as inspector of each district, who periodically made an examination of every quarantine station, State and local, within his territory.

Reports have been received from these inspectors. The reports were in general satisfactory, showing a knowledge and a disposition on the part of State and local quarantine officers to comply with the Treasury regulations. A number of important lapses, however, were discovered and corrected. --- During the year, as a result of the inspection of local quarantines the right of disinfection and granting free pratique to infected vessels was taken from one southern quarantine because of faulty administration.

Acquiescence in the assumption of Federal control was readily granted in two other States, namely, in Texas on the border (Eagle Pass) and in the State of North Carolina.

The Marine Hospital Bureau now exercises absolute quarantine control over the Pacific Coast, the Gulf Coast east of Louisiana to Mobile Bay, in Georgia, North Carolina, Virginia, Delaware and Pennsylvania. It materially assists by its operations of its stations, the quarantine service of the States of Florida and South Carolina, and as previously stated, exercises a supervision over all State and local quarantine."

Before closing the discussion of this period it must be noted that by the immigration law of 1891 the physical and mental examination of all immigrants was entrusted to the medical officers of the Marine Hospital Service.

## Chapter VI.

Supplementing the Act of February 15, 1893.  
(1893-1897)

Following the passage of the fundamental quarantine act of February 15, 1893, there naturally was a period of more or less inactivity in Congress along the line of quarantine or health legislation. This period extended from 1893 to 1897, covering the sessions of the 53rd and the 54th Congress. Whatever legislative action was taken was along the line of strengthening the act of February 15, 1893, and of remedying some of the defects found in it.

## 1. The Fifty Third Congress.

During the first session of the 53rd Congress Senator William E. Chandler of New Hampshire introduced a resolution in the Senate on March 20, 1893, the purpose of which was to direct the Secretary of the Treasury to ascertain the value of real or personal property belonging to any State or municipal government designed or used for quarantine purposes; also to ascertain at what price such property might be purchased by the United States. The resolution was referred to the Committee on Epidemic Diseases and nothing seems to have come of it.<sup>1</sup>

During the second session of the 53rd Congress the Committee on Epidemic Diseases in the Senate introduced a bill (S.2280) "to amend section 2 of the act approved February 15, 1893." This bill passed both Houses and was approved by the President on August 18, 1894.<sup>2</sup> The amending act is brief and exempts "vessels plying between

foreign ports on or near the United States frontier and ports of the United States adjacent thereto" from the provisions of section 2 of the act of February 15, 1893, with reference to consular health bills.<sup>3</sup>

Except for a number of petitions praying for the establishment of a Bureau of Public Health or a National Department of Health during the third session of the 53rd Congress, that body came to an end with the single brief act of August 18, 1894, being the total achievement in health legislation.

## 2. The Fifty Fourth Congress.

During the 54th Congress two bills were introduced, the one to create a bureau of health in the Treasury Department, the other to establish a department of public health.<sup>4</sup> Nothing came of either bill. The bill to establish a department of health was introduced by Senator Jacob H. Gallinger of New Hampshire. In presenting the bill Senator Gallinger explained,

"The bill is recommended by the Pan-American Medical Congress which recently convened in the City of Mexico. In introducing the bill I do not necessarily give any assent to it."

During the second session of this Congress a determined effort was made to amend the act of February 15, 1893, and thereby to confer greater powers upon the Marine Hospital Service. On February 23, 1897, representative William P. Hepburn of Iowa introduced a joint resolution (H.Res.261)<sup>5</sup> the text of which in full was as follows:



"Resolved ---, That at any port or place in the United States where the Secretary of the Treasury shall deem it necessary for the prevention of the introduction of contagious and infectious diseases from a foreign port or place that incoming vessels, vehicles, or persons should be inspected by a national quarantine officer, such officer shall be designated or appointed by the Secretary of the Treasury on the recommendation of the Surgeon-General of the Marine Hospital Service; and no vessel, vehicle or person from a foreign port or place shall be admitted to entry or enter without the certificate of said officer that the United States quarantine regulations have been complied with."<sup>6</sup>

On February 26, 1897, the resolution was reported, and on the following day it was called up for consideration.<sup>7</sup> The reason for the resolution and its purpose is apparent from the report of the Committee.

"In view of the alarming nature and spread of the bubonic plague, now prevalent in India and adjacent countries, etc. -- this legislation is deemed necessary. Section 3 of the act of February 15, 1893, provides where state or municipal health authorities fail or refuse to enforce quarantine rules and regulations of the Treasury Department the President shall execute and enforce them. Before the President can be called upon evidence must be furnished that the quarantine authorities are not enforcing the regulations. The proposed law would give the Secretary of the Treasury the right to appoint immediately, when he considered it necessary, an inspection officer, attached to the national quarantine service and the proposed law would give greater force to the position of such officer."<sup>8</sup>

Representative Bennet who made the report stated further that the resolution had received the approval of the Treasury Department in a letter of February 12, 1897, in which the Secretary of the Treasury stated that this

measure was necessary in view of the alarming reports from India and Europe concerning the spread of the bubonic plague.

Without opposition the resolution was passed by the House on February 27, 1897.<sup>8</sup> On March 2, 1897 it was passed by the Senate also without debate. Failure on part of President Cleveland to sign the measure before the expiration of his office on March 4, 1897, brought this legislation to naught.

### 3. Little Accomplished

Because of the failure of President Cleveland to sign the resolution just discussed, the brief law of August 18, 1894, was the only national quarantine or health legislation for the four years of from 1893 to 1897.

There is little doubt that this law, as well as the unsuccessful joint resolution, was inspired by the Marine Hospital Service. The law of August 18, 1894, corrected what undoubtedly was a great inconvenience in connection with Canadian, West Indian, etc. commerce. The unsuccessful resolution unquestionably would have secured prompter action on part of the Marine Hospital Service in cases of emergency as was believed to exist in case of the threatened invasion of the bubonic plague.

The resolution, also, introduced by Senator Chandler, was probably at the instance of the Marine Hospital Service. It has already been seen how rapidly States were yielding to federal maritime quarantine. Unfortunately

the law of 1893 did not provide for the purchase of State quarantine stations by the national government but authorized the Secretary of the Treasury only to pay reasonable compensation "for the use of buildings, etc." No doubt the States which were yielding to the national quarantine were offering to sell outright to the federal government. The bills intending to create bureaus or departments of health are interesting, insofar as they indicate that there was developing a sentiment for such health organizations in certain circles, particularly in medical and scientific circles. In the case of S.3652 it was the Pan-American Medical Congress.

## Chapter VII.

A Struggle over Interstate Quarantine.  
(1897-1901)

## 1. General Character of the Period.

During the period from 1897 to 1901, covered by the 55th and the 56th Congress, there was renewed and vigorous agitation for additional quarantine and health legislation. This was due to recurrent yellow fever panics during this period, particularly the yellow fever panic in the South during the summer of 1897. The public agitation is shown by the fact that no less than 17 bills, pertaining to quarantine and health legislation,<sup>1</sup> were introduced in Congress during this period. The effort to secure legislation as revealed by these bills tended in two directions. The one was to establish some national health organization on a broader basis and having a wider scope than the Marine Hospital Service. At least six of the bills introduced called for the creation or establishment of a bureau of health, commission of public health, or department of public health. The other tendency was to strengthen the fundamental act of February 15, 1893, particularly from the standpoint of interstate quarantine. These two tendencies will now be considered separately.

## 2. To Establish a Department of Public Health.

Of the six bills introduced to create a national department or bureau of public health, only two came up for consideration. Of the unreported bills the one introduced

by Senator John C. Spooner of Wisconsin (S.3433)<sub>2</sub> entitled "An act to establish a commission of public health and to define its duties" is of interest because of the fact that, as Senator Spooner stated, it was drawn up under the auspices of the American Medical Association and the American Public Health Association. What the nature of this bill was is not revealed by the Congressional Record.

On April 14, 1897, Senator Jacob H. Gallinger of New Hampshire introduced a bill (S.1703)- "to establish a department of Public Health." The provisions of this bill were briefly as follows:

1. To create a department of public health with an officer at the head known as the Secretary of Health;
2. The duties of the Secretary of Health,
  - a. To procure and tabulate statistics as to marriage, births, epidemics, effects of climate, tuberculosis, -- etc.--,
  - b. To investigate causes of insanity, conditions of the laboring classes, pollution of streams and wells -- etc. --,
  - c. After conference with the Surgeon-Generals of the army and the navy and the Marine Hospital Service to make rules and regulations for the prevention of the invasion of diseases from foreign countries.

On January 19, 1898, this bill was reported adversely and was postponed indefinitely.<sub>3</sub>

On July 7, 1897, Senator Stephen R. Mallory of Florida introduced Senate bill 2343 by request. The title of this bill was, "An act to create an executive department to be known as the Department of Public Health, and

to prescribe the duties and powers thereof." The principal provisions of this bill were as follows:

1. To create a department of public health "with all the machinery incident thereto."  
In addition to establish two Boards,
  - a. The Board of Maritime Sanitation composed of 22 members, or one from each seaboard State;
  - b. The Board of Domestic Sanitation composed of three members none of which shall be appointed from a seaboard State.
2. The Board of Maritime Sanitation to have exclusive control of all matters pertaining to the prevention of the introduction of disease from foreign countries.
3. The Board of Domestic Sanitation
  - a. To have exclusive charge of all domestic quarantine,
  - b. To have exclusive power to declare and enforce quarantine between States and Territories and between the communities of a State or Territory,
  - c. To have power to collect vital statistics of each State.<sup>4</sup>

This bill also was reported adversely on January 19, 1898, and was postponed indefinitely.

The adverse report of the Committee on both of these bills states in part:

"Shall the present system of quarantine and the control of the Marine Hospital be abandoned? If so, shall there be created an Executive Department to be known as 'the department of health', with a cabinet officer with powers as in S.2343 at its head, or shall there be established a department of health, with an officer in control to be known as the Secretary of Health with powers as in S.1703? The bills, although differing in details, agree in taking away the jurisdiction over quarantine matters from the Marine Hospital Service and vesting it in a department of health.

"The Committee believes that a change so radical is both impolitic and dangerous.-- If a department of health is to be established it should be done gradually without the sudden transition which would paralyze the efforts of the Marine Hospital Service and substitute a new and necessarily crude system. --- The Marine Hospital Service has been virulently assailed and charged with tyranny and gross negligence, but no convincing evidence of these statements being true has been placed before the Committee. --- In our opinion it is wise and necessary to retain the present system of quarantine under the management of the Marine Hospital Service. --- It may be found expedient hereafter to expand the service into that of a department, but to do so now would mean the useless expenditure of money and the destruction of the only systematic antagonism to the invasion of contagious diseases." 5

### 3. The Caffery Bill.

Proposals to create a department of health having been rejected, the Senate devoted its effort in an attempt to amend the act of February 15, 1893. On December 9, 1897, Senator Donaldson Caffery of Louisiana introduced a bill (S.2680) commonly referred to as the Caffery Bill, entitled "An act granting additional quarantine powers and imposing additional duties upon the Marine Hospital Service." 6

#### (1) Provisions of the Bill.

The principal feature of the bill was to strike out section 3 of the act of February 15, 1893, and insert an entirely new section, the most important provisions of which were as follows:

1. At any port or place in the United States where the Secretary of the Treasury shall deem it necessary that vessels, vehicles, or person, shall be inspected by national quarantine officers, such officers shall be designated or appointed by the Secretary of the Treasury on recommendation of the Surgeon-General of the Marine Hospital Service.
2. Any vessel sailing from any foreign port without the United States consular bill of health, and arriving within the limits of any collection district of the United States, and not entering or attempting to enter any port of the United States, shall be subject to such quarantine measures as shall be prescribed by the Secretary of the Treasury.
3. The Surgeon-General of the Marine Hospital Service, with the approval of the Secretary of the Treasury, is authorized to designate and mark boundaries of the quarantine grounds and quarantine anchorages for vessels.
4. Medical quarantine officers of the United States are authorized to take declarations and administer oaths in connection with their duties.
5. Whenever yellow fever, cholera, plague, or typhus fever has passed the quarantine of the United States and has appeared within the limit of any State or Territory ---"the quarantine regulations of the United States prepared under the direction of the Secretary of the Treasury --- shall be supreme and have precedence of State or municipal law, rules, and regulations, and the President is authorized to enforce the same and to control the movements of vessels, railway trains, vehicles, or persons, so as to prevent these diseases from spreading -- and prevent unnecessary restrictions upon interstate commerce."

The bill also proposed to amend section 8 of the act of February 15, 1893, by authorizing the Secretary of the Treasury to purchase from State or municipal authorities



buildings, grounds, and apparatus at State or municipal quarantines.

(2) Origin or Reasons for the Proposed Changes.

The first point of the proposed new sections 3 was the same proposition that was contained in the joint resolution passed in the 54th Congress but defeated by President Cleveland through the pocket veto.

The second point was in accordance with the recommendation of the Surgeon-General of the Marine Hospital Service made in the Report of that service for 1894 (pp.262-264) to prevent the loitering of small vessels along the coast at out of the way places. This recommendation was the result of a decision of the judge of the United States District Court of the southern district of Florida in the case of the United States vs. the Schooner Javarina. In this case the opinion of the court was that the law of February 15, 1893, did not apply to vessels loitering along the coast but which did not enter a legal port.

Points three and four were unobjectionable powers which no doubt ought to have been conferred upon the Marine Hospital Service long ago.

Point five is the most unusual provision and was caused by the conflict between State and National authorities during the yellow fever panic in the South during the summer of 1897. The report of the Committee is illuminating on that point.

"The experience of the past year, and especially of last summer (1897), demonstrates the absolute and immediate necessity of so amending existing laws as to enlarge and concentrate the powers of the Marine Hospital Service, so that the present sporadic and conflicting condition, in which there is constant friction and collision between Federal and State officials, shall be changed and the exclusive ultimate control be given to one authority.

During the season just ended hundreds of lives were lost by reason of defects in the existing law, the commerce of the entire South was paralyzed, and the rights of citizens disregarded by lawless methods. Cities and towns were quarantined against rival communities producing bitter controversy ---

The amount of damage inflicted upon the country by the shotgun quarantine can never be accurately stated, but it certainly amounted to many millions, and the possibility of its existence is a stigma upon our institutions and civilization." 7

The proposed amendment of section 8 of the act of February 15, 1893, as has been previously stated in connection with Senator Chandler's resolution of March 30, 1893, during the 53rd Congress no doubt grew out of the circumstances of the surrender on part of the States of their maritime quarantines to the federal government.

### (3) Senate Debate.

The Committee reported the bill on January 19, 1898. On March 14, 1898, Senator George G. Vest of Missouri called it up for consideration. The principal debate took place on March 15, 17, and 22, 1898.<sup>8</sup> The principal opponents of the bill were Senator William J. Sewell of New Jersey, Senator Augustus O. Bacon of Georgia, and Senator Mallory of Florida. These Senators produced the

typical State rights argument, laying particular stress on the constitutional inviolability of the police powers of the States. The attacks of the opponents to the measure were directed principally against the provision of the proposed new section 3 which declared the federal quarantine regulations superior to those of the States.

Senator Sewell said in part:

"From the earliest history up to the present time this matter has been confined to the States. --- Here a bill is proposed to change the whole current of our laws and to place this all in the hands of one man practically, the Surgeon-General of the Marine Hospital Service." 9

Senator Bacon presented the following argument in favor of shotgun quarantine:

"The main design of this legislation -- the controlling wish is to put this thing in the hands of one man who shall have the power to say to a community 'You shall not close your gates; the commerce of the country shall not be interfered with; the right of a man to go and come shall not be impeded by any regulations local to the community which is threatened.' I can never give my consent to bill which shall deny to any community the right to take care of itself in the face of such danger." 10

Senator Mallory's argument was very much in the same strain. He said in part:

"If that were to become law, Mr. President, it would require the army of the United States to enforce it. --- Not because the people are disposed to resist legitimate requirements of law, or legitimate laws -- but because it would be a most cruel and most unnatural burden to impose upon a people who are on the spot and know the danger which confronts them." 11

Senatory Caffery of Louisiana, the principal champion of the bill, made a most exhaustive speech answering every argument and meeting every point of the opposition. To quote him but once:

"Congress has in every way, shape, and form, whenever it was necessary for uniformity of action, controlled the State power of police not only in this instance but in every other instance. --

I refer the Senator of South Carolina (Senator Tillman) to the plenary, exclusive, and complete jurisdiction that the Congress of the United States has over the immigration of persons into this country. From the very commencement of the government there have been persistent and constant efforts made by the different States to exercise police power over the subject of immigration. Whenever there has been a decision on the point, it has been that the congressional power was supreme and the State authority could not be exercised."<sup>12</sup>

Senator Caffery presented a great amount of documentary evidence to show that public sentiment was in favor of the bill. A large number of resolutions from State legislatures, boards of trade, and medical associations were presented by him.<sup>13</sup> He further presented as evidence of public approval editorials from about 50 leading newspapers from at least 13 different States.<sup>14</sup> An editorial of the Atlanta Journal for January 31, 1897, is interesting in view of the attitude taken by Senator Bacon of Georgia.

( Atlanta Journal -- January 31, 1897)

"Georgia was untouched by the yellow fever last summer, but she did suffer from the clumsy and ineffective quarantine methods which were adopted in neighboring States. Very few of those citizens of Georgia who had good opportunity to observe how State

and local quarantine regulations worked then will be found now to oppose the movement for a national quarantine law. The fear of Federal interference with the State rights will not deter them from advocating scientific, just, and uniform quarantine regulations, and there seems to be no way to secure these so long as every bailiwick is permitted to be a quarantine law unto itself."<sup>15</sup>

After March 30, 1898, the bill was brought up on eleven different days but was laid aside for other business. Finally on May 10, 1898, Senator Gallinger of the Committee declared "that the Committee is not desirous just now to press that bill." Thus the fight for the Caffery Bill came to an end. Perhaps the war which was then being waged with Spain had something to do with the decision of the Committee.

#### 4. The Act of March 3, 1901.

On April 12, 1900, during the 56th Congress Senator George G. Vest of Missouri introduced a bill in the Senate (S.4171)- "to amend an act --- approved February 15, 1893. "On May 26, 1900, the bill came under consideration in the Senate. After a short debate on an amendment offered by Senator Tillman of South Carolina which was adopted the bill was passed."<sup>16</sup>

An examination of the bill shows it to be an amendment to the act of February 15, 1893, adding three new sections to it, namely, 10, 11, and 12. Every effort seems to have been made to avoid a reopening of the contest waged over the Caffery Bill in the preceding session. The bill does, however, contain some of the unobjectionable provisions

of that measure. The principal provisions of the bill were as follows:

1. The Surgeon-General is authorized to designate and mark the boundaries of quarantine grounds and anchorages.
2. A fine is provided of not more than \$300, or one year imprisonment, or both, for trespass on such grounds or anchorage by vessels or persons "other than State or municipal health or quarantine officers." (The quotation is the Tillman amendment.)
3. A penalty is provided of not more than \$500 or imprisonment for one year, or both, for violations of rules and regulations under this act, and particularly for making false statements relative to sanitary conditions of vessels -- etc.
4. It makes vessels arriving within limits of any collection district of the United States, but not entering any port, subject to quarantine measures prescribed by the Secretary of the Treasury.
5. It authorized medical quarantine officers of the United States to take declarations and administer oaths in matters pertaining to the administration of quarantine laws.
6. It provides for the establishment of a Hygienic Laboratory in connection with the Marine Hospital Service.

On May 28, 1900, the bill was referred to the Committee on Interstate and Foreign Commerce of the House. On March 2, 1901, the bill was taken under consideration in the House and passed without objection.<sup>17</sup> It was approved by the President on March 3, 1901.

## 5. Results.

From the standpoint of the two principal factors involved in this study the period of from 1897 to 1901 again saw the defeat of any effort to establish a bureau or de-

partment of public health. The Marine Hospital Service seemed to be more than ever entrenched in its position of administrator of national quarantine and health affairs.

From the standpoint of the expansion of federal power and authority, some decided gains were made through the act of March 3, 1901, although the more radical measures of the Caffery Bill particularly with reference to interstate quarantine were defeated.

Probably the most important gain for the future development of the Marine Hospital Service into a general public health service was the provision of the act of March 3, 1901, providing for the establishment of a Hygienic Laboratory in connection with the Service. Thereby was laid the foundation for scientific research of a laboratory character at least. The Sundry Civil Appropriations Act of March 3, 1901, provided:

"for the erection of the necessary buildings and quarters for a laboratory for the investigation of infectious and contagious diseases and matters pertaining to the public health under the direction of the Supervising Surgeon-General, thirty thousand dollars; and the Secretary of the Navy is authorized to transfer to the Secretary of the Treasury, for use as a site for said laboratory, five acres of the reservation now occupied by the Naval Museum of Hygiene."<sup>18</sup>

Mention should be made at this point also of the fact that following the Spanish-American War the Marine Hospital Service was extended to Porto Rico, Cuba, and later to Hawaii and the Philippine Islands, thus extending the Service territorially to include the possessions of the

United States.

Further by an act of March 2, 1899, entitled "An act for the investigation of leprosy" the Supervising Surgeon-General of the Marine Hospital Service was authorized to appoint a Commission of medical officers of the Service to investigate the origin and prevalence of leprosy in the United States. Thus the activity of the Service was directed into a new field heretofore not touched by it.



## Chapter VIII.

### A Brief Summary and a Forward Look.

The sessions of the 56th Congress (1899-1901) mark the end of the nineteenth century and the beginning of the twentieth century. It seems appropriate, therefore, to take a brief summary view of the history of the Public Health Service for the century just ended and take a forward look in the direction of further development.

The story of national quarantine during the 19th century may be divided into three periods, already incidentally pointed out in the discussion.

#### I. The Period of State Quarantine Supremacy (1796-1878).

During this period national quarantine legislation assumed the supremacy of State quarantine and was merely in support of the State quarantine laws. The fundamental national quarantine act for this period was the act of February 25, 1799.

#### II. The Period of Concurrent Quarantine (1878-1893).

During this period national quarantine legislation and activity were not only in aid of State laws and regulations, but were supplementary to the same, and to a large extent independent of the same. The fundamental national quarantine act for this period was the act of April 29, 1878, and the legislation which was enacted during this period was largely supplementary to this act.

#### III. The Period of National Quarantine Supremacy (1893- to the present)

Beginning with 1893 national quarantine legislation and activity became superior to that of the States. In maritime quarantine

the national quarantine finally supplants State quarantine entirely, while in interstate quarantine the State laws and regulations assume the position largely of being supplementary to and in aid of national regulations. The fundamental national quarantine act during this period is the act of February 15, 1893, and national legislation to the close of the century was in the nature of strengthening and supplementing this act.

The story of the Marine Hospital Service for the 19th century may be divided into two periods.

I. The Period of Marine Hospital Service Exclusively (1798-1878).

During this period the activities of the Service were confined exclusively to the care of sick and disabled seamen; in an unorganized way to 1870, from that date as an organized institution.

II. The Period of Marine Hospital Service and the Administration of the National Quarantine (1878 to the close of the century).

During this period the activities of the Service were expanded to cover all the quarantine activities of the national government.

Beginning with the twentieth century a new period may be said to begin, during which the activities of the national government with reference to health will not be confined exclusively to matters of quarantine, but will be extended into other fields of health and sanitation. This period may properly be called the real period of evolution of the Marine Hospital Service into a Public Health Service. While perfecting of maritime and interstate quarantine still plays a prominent part during this period, more and more emphasis will be placed on the development of the general health activities of the

national government. The culmination of this evolution of the Marine Hospital Service into the Public Health Service comes at the close of the period covered by this study, or roughly speaking, just before the World War. The period may properly be said to have had its beginning with the establishment of the Hygienic Laboratory by the act of March 3, 1901.

The general or fundamental factors involved in the further study will be the same as in the past with the emphasis probably shifted a little. In the future, as in the past, the leading factor will be the gradual expansion and extension of national control over the health affairs of the nation. With that growth, however, and largely because of it, increasing emphasis will be placed upon the second factor or the secondary theme of the study, namely, the attempts to create a national department of health, or some other national health organization.

Chapter 9.  
The Establishment of the Public Health and  
Marine Hospital Service.  
(1901-1903)

1. General Tendencies.

The change of the official title of the Marine Hospital Service into that of the Public Health and Marine Hospital Service, by act of the 57th Congress, was not gratuitous but had a real significance. It is an index to the tendency of the new period beginning with the opening of the century. The national government does no longer concern itself merely with the hospital service of designated classes of its citizens or services, nor only with the protection of the public health through quarantine measures but its influence, aid, and control is gradually extended over public health in general.

About a dozen bills were introduced in the 57th Congress pertaining to marine hospital service and public health. By three of these bills marine hospitals were established at Buffalo, New York; at Savannah, Georgia; and at Pittsburg, Pennsylvania.<sup>1</sup> The great achievement of this Congress, however, was the act of July 1, 1902, for the regulation of the sales of viruses, serums, anti-toxins and like preparations, and the Act of July 1, 1902, establishing the Public Health and Marine Hospital Service.

## 2. The Law for the Regulation of the Sale of Viruses, Serums, etc.

The bill which resulted in this law (S.6196) was introduced on June 19, 1902, by Senator James McMillan of Michigan from the Committee on the District of Columbia. The title of the bill was "An act to regulate the sale of viruses, serums, toxins, and analogous products in the District of Columbia, and to regulate interstate traffic in said articles, and for other purposes."<sup>2</sup> The most important part of the bill was section four as follows:

"The Surgeon-General of the army, the Surgeon-General of the navy, and the Surgeon-General of the Marine Hospital Service, be and they are hereby, constituted a board with authority subject to the approval of the Secretary of the Treasury, to promulgate from time to time such rules as may be necessary in the judgment of the board to govern the issue, suspension, and revocation of licenses for the maintenance of establishments for the propagation and preparation of viruses, serums, toxins, antitoxins, and analogous products, applicable to the prevention and cure of the diseases of man, intended for sale in the District of Columbia, or brought for sale from any State, Territory, or District of Columbia into any State or Territory, or the District of Columbia, or from the United States into any foreign country, or from any foreign country into the United States ---- All licenses shall be issued upon condition that the licentiates will permit the inspection of the establishment where said articles are propagated and prepared."<sup>3</sup>

On June 30, 1902, the bill came up for consideration in the Senate and was passed without debate after minor verbal amendments. On July 1, 1902, the bill passed the House without objection or debate, and was approved

by the President.<sup>4</sup>

### 3. Public Health and Marine Hospital Service.

The bill (S.2162) which resulted in the Public Health and Marine Hospital Service Act, was introduced in the Senate on December 19, 1901, by Senator George C. Perkins of California. It was entitled "An act to increase the efficiency and change the name of the Marine Hospital Service." On May 16, 1902, the bill came up for consideration in the Senate and after a few minor amendments in the wording of the bill it was passed without debate or objection.<sup>5</sup>

On May 19, 1902, the bill was referred in the House and was reported back on June 7, 1902, without amendment.<sup>6</sup> To understand the arguments of the long debate which took place in the House, it is necessary to state the provisions of the bill.

#### (1) Provisions of the Bill.

- Sec. 1- The United States Marine Hospital Service shall hereafter be known and designated as the Public Health and Marine Hospital Service of the United States. The Supervising Surgeon-General and the officers hereafter commissioned shall hereafter be known as the Surgeon-General, surgeons, past assistant surgeons, and assistant surgeons.
- Sec. 2- Salary of the Surgeon-General to be \$5000 per annum.
- Sec. 3- The pay of commissioned medical officers when detailed by the Surgeon-General of the army for duty in the Public Health and Marine Hospital Service are

determined and fixed.

Sec.4-The President is authorized, in his discretion, to utilize the Public Health and Marine Hospital Service in times of war to such extent and in such manner as shall in his judgment promote public interest, etc.

Sec.5-An advisory board for the Hygienic Laboratory created, for consultation with the Surgeon-General of the Service relative to the investigations to be inaugurated, and the methods of conducting the same in said laboratory.

The board to consist of three competent experts, one each, of the army, the navy, and the Bureau of Animal Industry. These experts, with the director of the laboratory, shall be ex officio members of the board and serve without additional pay. Five other members of the board shall be appointed by the Surgeon-General with the approval of the Secretary of the Treasury who shall be skilled in laboratory work in its relation to public health, and not in the regular employ of the government. These five members to receive compensation of \$10 per diem while serving in conference. Period of appointment five years, one to retire each year.

Sec.6-Provides for a director of the Hygienic Laboratory and for the appointment by the Surgeon-General for positions in this laboratory -- competent persons to take charge of newly created divisions of chemistry, zoology, etc.

Sec.7-When in the opinion of the Surgeon-General the interests of the public health would be promoted by a conference of said service with State and Territorial boards of health or quarantine officers, he may invite them to such a conference - not more than one delegate from one State or Territory. Provided that an annual conference of the health authorities of all the States and Territories shall be called. Provided further that it shall be the duty of the Surgeon-General to call a conference upon the application of not less than five States or Territorial health boards or officers.

Sec.8-Makes provision under the direction of the Surgeon-General to secure uniformity in the registration of mortality, morbid, and vital statistics. Such statistics to be transmitted to the Service on prepared forms and to be compiled.

Sec. 9- The President shall from time to time prescribe rules for the conduct of the Public Health and Marine Hospital Service.

The annual report of the Surgeon-General to be transmitted to Congress through the Secretary of the Treasury.<sup>7</sup>

(2) Debate in the House.

Representative William Richardson of Alabama, speaking in favor of the bill, made the claim that the bill was endorsed by a convention of health officers of the States held at Washington, D. C. and by the American Medical Association. He said in part:

"The difficulty that we have met heretofore in securing this legislation, has been inability to secure concurrence and co-operation of both State and Federal health officers. But I am glad to say that this trouble is now entirely removed, and that this bill is the joint product of the earnest labor of both Federal health officers and State Health officers."<sup>8</sup>

He dwelled at length upon the desirable provisions for conferences and co-operation between federal health officers and State health officials, also upon the provision with reference to vital statistics.

Representative James R. Mann of Illinois objected to the bill for two reasons. In the first place he is afraid that the scope of the bill is too great.

"I defy any member of the House to read this bill through and understand what is intended by it, unless the proposition is to leave absolutely within the control of the new health department the whole subject of health regulations in the United States."

In the second place he finds fault with the section



providing for vital statistics,

"We have recently created a permanent Census Bureau --- The permanent Census Bureau proposes to collect vital statistics. --- I protest against constantly building up new branches of the government for the purpose of duplicating the collection of statistics or duplicating the work done by some other branch of the Government." 9

Representative David A. DeArmond of Missouri sees nothing in the bill except an attempt to aggrandize the head of the Service. He said in part:

"The bill seems to me, so far as I can learn -- to be designed for the aggrandizement of the present head of the Marine Hospital Service, and to have only a few other incidental objects.-- There is provision for the consultation with the health officers of the different States, just what there can be now. The distinctive lines of the two jurisdictions are not marked, and any danger that may exist of conflict will still remain. But elevated upon a pedestal - made more conspicuous, given more power, furnished with opportunity to employ more people of his own selection - the head of the Service looms up." 10

Representative Henry D. Clayton of Alabama, speaking in favor of the bill said:

"Those of us who come from the Gulf States or from the Pacific Coast regard this as a very important measure. I believe, Mr. Speaker, that this is the first bill that has met the unanimous approval of the State health officers of the various States and of the Federal health officers. -- There is nothing in the bill that militates against the authority of the State. This bill will unite, harmonize, and rationalize the work of the State and Federal health officers in the interest of the public health and the commerce of the country." 11

Representative William P. Hepburn of Iowa also lays emphasis on the fact that the bill is a product of harmony and that if enacted into law will be productive of harmony.

"My friend may be right in the supposition that this is not a wise bill; but allow me to suggest, gentlemen, that the National Board of Health (?), the National Medical Society, and 22 of the State medical societies, as well as all the quarantine officers of the United States and of the States, have united on this bill. It meets their approval. --- There are and at all times have been differences between the Federal authorities and some of the State authorities. There have been serious difficulties. This bill seems to compose these difficulties and hereafter we may hope that they will not exist." 12

Following the general debate there was a brief debate over the suspension of the rules. The rules were suspended by a two thirds vote and the bill was passed. It was approved by the President on July 1, 1902.

#### 4. The Results of the Laws.

The provisions of the laws enacted by the 57th Congress are clear without further discussion. The importance of the laws, however, and particularly the working out of these laws and their results deserve consideration.

The great importance of the law regulating the sale of viruses, serums, etc. is apparent when one considers the extensive use of these preparations in recent years and the great danger in the use of the same if their preparation were not closely supervised. The actual functioning of this law may best be seen from the report of the Surgeon-General of the Public Health and Marine Hospital

Service five years after the enactment of the law.

"The supervision of vaccines, viruses, serums, and toxins, under the law of July 1, 1902, has been carefully maintained. Fourteen establishments in the United States, one in Germany, and one in England, have been critically inspected, and given licenses by the Secretary of the Treasury to sell their products in the United States."

With reference to the regulations governing the inspection the following statement appears:

"The regulations require that each of these establishments shall be inspected every year, precedent to the renewal of the license. The inspections are made by qualified officers of the Service, who make reports upon blank forms, on which are itemized every feature of the establishment inspected. The products are obtained at the establishment itself, but more frequently are bought in the open market and tested for purity and potency in the Hygienic Laboratory."

The following will serve to show some of the difficulties and problems encountered by the Service in the enforcement of the act.

"During the year certain lots of anti-diphtheria serum of one firm were found to be lacking in potency. Their attention was called to this fact by the Bureau, and the firm immediately recalled all the serum under their laboratory numbers and expressed determination to prevent recurrence of the low potency.-- Complaints were also received that certain serums, after their period of potency had expired, and after removal of the old labels, had been relabeled, and these relabeled products placed on the market. This complaint was referred to an inspector who received assurance that such relabeling had been discontinued. Special attention will be paid to the prevention of a repetition of this violation of the regulations."

13

Probably the two most important provisions of the law

creating the Public Health and Marine Hospital Service, are the affiliation of the work of the Hygienic Laboratory with that of other leading laboratories of the country and the co-operation established between the Service and State health authorities through the annual and special conferences.

In the report on the bill (S. Report No. 1531) Senator Spooner who wrote the report said:

"Section 7 of this bill was an attempt to meet the long continued demand from the State health authorities and especially from the South, and in some of the great cities on the tide-water, for legislation which would secure consultation, and therefore co-operation, between the health authorities of States and the quarantine officials of the United States. -- The Committee has been impressed with the conviction that in the general public interest some recognition by the Federal legislation of the State health authorities in the way of consultation upon subjects of vital consequence to the localities, and as to the rules to be put in operation by both State and Federal authorities in accomplishing the same end, would of necessity bring about better understanding, and a co-operation which would inevitably promote a fuller accomplishment of the great purpose desired by both the Federal and State authorities."

14

The first annual conference of State and national health authorities was held at Washington, D. C. on June 3, 1903. Twenty-three States and Territories were represented at this conference. The work of this conference was largely to organize for the work in the future.<sup>15</sup> At the second conference on June 3, 1904, twenty-two States and Territories were represented, at the third the same number; at the fourth annual conference 27 States and

Territories. Some of the subjects considered by these conferences were,

1. National control of leprosy,
2. Methods of transmission of typhoid fever,
3. Sanitation of railway cars,
4. Sanitary supervision of milk supplies,
5. Hook worm disease,
6. Pellagra, etc.

The first special conference was held on January 19, 1903, in accordance with the request from a number of State boards of health. This conference was with regard to the plague situation in the State of California. Seventeen States and Territories were represented.<sup>16</sup> The second special conference was held on April 16, 1906, at a call from the health officers of Texas, Louisiana, Alabama, Mississippi, and Florida. The purpose of this conference was to settle some points concerning which there seemed to be a difference in the administration between the national and State governments with reference to quarantine matters.<sup>17</sup>

A quotation from the report of the Surgeon-General of Public Health and Marine Hospital Service (Report 1907 p.11) may serve as a conclusion for this discussion.

"Five years of administration under this law (July 1, 1902) have demonstrated the beneficial influence of the law, and considered with a previous law establishing the Hygienic Laboratory for the investigation of infectious and contagious diseases and matters relating to the public health, it would seem that Congress has established a public health bureau with a broad foundation. The Hygienic Laboratory, through its advisory board, composed of members attached to other leading laboratories, is brought in touch

with the scientific works of other institutions of the United States, while the more practical questions concerning the suppression of disease and sanitation are the subjects of discussion with the State boards of health, whom the Surgeon-General is obliged by law to invite to meet in annual conference. Thus the Service receives and bestows the advantages of scientific application; and its practical work is co-ordinated with that of the State and municipal health authorities."

## Chapter X.

Leprosy and other Diseases.  
(1903-1905)

## 1. General Character of the Period.

The activities of the 58th Congress (1903-1905) are indicative of a widening interest taken in the general health of the people. Leprosy, tuberculosis, typhoid fever are receiving the attention of the national legislators. On January 21, 1905, a communication from the Secretary of the Treasury was laid before the Senate, requesting that there be added to an estimate heretofore submitted by him for the preventing of introduction and spread of epidemic diseases for the year 1906 a provision permitting the use of this appropriation for special inquiries into the cause of prevalence and spread of tuberculosis and typhoid fever. The letter was referred to the Committee on Appropriations and ordered printed.<sup>1</sup> Nothing further, however, was done in the matter.<sup>2</sup>

On June 20, 1905, Senator Nelson of Minnesota introduced a bill (S.6745) "to grant certain lands to the State of Minnesota, to be used as a site for the construction of a sanitarium for the treatment of consumptives."<sup>3</sup>

On March 3, 1905, Representative Hughes of New Jersey introduced a House joint resolution (H.J.Res.231) for the purpose of "appropriating money for the purpose of investigating possibility of communicating diseases in street and railway cars."<sup>4</sup>

Representative George Shiras of Pennsylvania introduced a resolution (H.Res.542) "that there be added to the standing Committees of the House a Committee on Public Health" and on March 1, 1905, he introduced a bill (H.R.1918) for the purpose of "creating a commission to consider and recommend legislation for the establishment of an executive department of the government to be known as the Department of Sanitary Science."<sup>5</sup> Nothing came of all these efforts and they are introduced merely to show the trend of the times.

## 2. Leprosy Legislation.

The disease which received more attention than any other at this time was leprosy. The reason for this was the report of the Leprosy Commission authorized by the act of March 2, 1899.

On Feb. 3, 1905, Senator Murry Crane of Massachusetts introduced a bill (S.7055) "to provide a leprosarium for the segregation of lepers and to prevent the spread of leprosy in the United States." On February 15, 1905, the bill came up for consideration in the Senate and was passed practically without debate or objection. The bill never was reported back in the House. The reason for this was the fact that an identical bill in the House (H.R.16913) was defeated.<sup>6</sup>

The House bill was introduced on December 21, 1904, by William P. Hepburn of Iowa. On March 2, 1905, the bill came up for consideration<sup>7</sup> on the House. The principal



provisions were:

1. The Surgeon-General of the Public Health and Marine Hospital Service under the direction of the Secretary of the Treasury was authorized to select a site already owned by the United States suitable for the erection of a leprosarium.
2. Any leper in the naval or military service of the United States, or any leper presenting himself or herself, or being duly consigned by the health authorities of any State or Territory, was to be received and cared for at the leprosarium.
3. Regulations were to be prepared by the Surgeon-General of the Service with the approval of the Secretary of the Treasury.
4. The sum of \$250,000 or as much thereof as necessary was appropriated, \$50,000 to be expended for the maintenance, pay of officers, etc. for the fiscal year.<sup>8</sup>

Mr. Hepburn urged the passage of the bill. From the report of the Leprosy Committee he showed that there were 280 lepers within the limits of the United States. He stated it as his opinion, however, that the number was considerably larger. His principal contention was that while there were that many lepers in the United States, the number for the different States was small and that for this reason the lepers were not properly cared for and the public not properly protected against the spread of the disease, or that the different States had to go to great expense caring for only a few individuals.

Representative Stephens suggested that it would be better to send the few lepers in the United States to the leper colony in the Hawaiian Islands. Mr. Hepburn rejected this on the ground that relatives of the

unfortunates in the United States would object to their unfortunate ones transportation to Hawaii to be associated with the lepers there. To Mr. Hepburn's objection the vigorous protest of Jacob K. Kalaniana'ole, delegate from Hawaii, was added.<sup>9</sup>

The debate hinged on the question as to where the leprosarium was to be established. The proposal to establish it in the Territory of New Mexico was vigorously rejected by Mr. Bernard S. Rody, delegate from that Territory:

"How would you gentlemen in the States like to have the tinkling bell sounded and the shroud of the leper stalking through your back yard in the morning as described in Ben Hur? That is what will happen in our Territory if this institution is located there. Instead of being the health resort of the nation it will become the most abhorred and shunned locality we have."<sup>10</sup>

Another argument against the adoption of the bill was that if adopted the national government would next have "to care for consumptives nationally, and of typhoid fever, and smallpox patients nationally, and every other sort of disease."

When the vote was finally taken the bill was lost by a vote of 36 ayes to 180 noes.<sup>11</sup>

The Leprosy Act of March 3, 1905.

While the attempt to establish a leprosarium in the United States failed, the 58th Congress passed an act with reference to that disease.

On December 21, 1904, William P. Hepburn introduced a bill (H.R.16914) "to provide for the investigation of leprosy with special reference to the care and treatment of lepers in Hawaii." On February 28, 1905, the bill came up for consideration in the House and was passed without opposition and on March 1, 1905, it also passed the Senate and was approved by the President on March 3, 1905.

The act provides briefly:

1. For the establishment of a hospital station of the Public Health and Marine Hospital Service at the leper reservation at Molokai, Hawaii, for the study of the methods of transmission, cause, and treatment of leprosy;
2. the Surgeon-General of the Service being authorized to appoint or detail for the purpose of these investigations, such medical officers, acting assistant surgeons, etc. as might be necessary for this purpose. 13
3. Publications of the Public Health and Marine Hospital Service Authorized.

On February 9, 1905, Representative Charles B. Landis of Indiana introduced the following joint resolution (H.J.Res.216).

"That there shall be printed each year the bulletins of the Hygienic Laboratory, not to exceed 10 in number in any one year, and of the Yellow Fever Institute of the Public Health and Marine Hospital Service, not exceeding five in number in any one year, in such editions, not exceeding 5000 copies in any one year. That there shall be printed each year 4000 copies of the annual report of the Surgeon-General bound in cloth to be distributed by the Surgeon-General."

14

In explaining his resolution Mr. Landis stated that

heretofore only 2500 copies of the report had been printed but that demand for the same could no longer be supplied by that number because of numerous requests from physicians and surgeons of the United States.

The resolution passed the House without objection and on February 20, 1905, it also passed the Senate and received the approval of the President on February 24, 1905.  
15

#### 4. Results

The net result of the legislation enacted during the period was to extend the activity of the Public Health and Marine Hospital Service by adding to its duties the investigation of leprosy. Of great importance to the expanding usefulness of the Service, and at the same time serving as an index of the growing popularity of the Service, at least with the medical profession, was the authorization of the publications of the bulletins of the Service and the increase in the number of copies of the annual report.

It was regrettable that Congress did not see fit to allow the request of the Secretary of the Treasury for appropriations for the investigation of tuberculosis and typhoid fever. That this was much desired by the Service appears from the report of the Surgeon-General:

"Such investigations as have been made with regard to these diseases (tuberculosis and typhoid fever) by the Service have been of necessity laboratory investigations, and under appropriations for the Hygienic Laboratory the expenses have been met, but there is no appropriation for said investigations other

than those of a laboratory nature, and wider fields of investigation and surveillance are necessary and appropriations should be made therefor. If these two diseases could be added to the list of diseases named in the appropriation for the prevention and spread of epidemic diseases this difficulty would be disposed of. If not included in the epidemic appropriation, then specific appropriations should be made for field, or special investigations of these two diseases."

## Chapter XI

### Yellow Fever and the Act of June 19, 1906. (1905-1907)

#### 1. Yellow Fever Panic

During the two year period from 1905 to 1907, covered by the sessions of the 59th Congress, the attention of that body was almost entirely directed again toward quarantine legislation. This was due to the Yellow fever epidemic during the summer of 1905.

As early as 1904 cases of yellow fever occurred in Texas, particularly near the Mexican border. In Laredo, Texas, from September 24, 1903, to March 18, 1904, there were reported 1014 cases with 107 deaths. In San Antonio from October 21 to November 28, 1903, there were 43 cases and 16 deaths.

During the summer of 1905 the fever broke out in New Orleans; at Vicksburg, Mississippi; at Natchez, and other smaller places in the State. Tampa and Pensacola, Florida, also were afflicted. The general public panic always incident to these epidemics was widely prevalent during 1905.<sup>1</sup>

As a result of the epidemic and the resulting panic a conference of the governors and other representatives of the southern States met at Chattanooga, Tennessee, on November 9 and 10, 1905. This conference passed a resolution on the situation, part of which was as follows:

"Be it resolved, That we, delegates from Alabama, Mississippi, Missouri, Maryland, North Carolina, South Carolina, Tennessee, Virginia, and West Virginia, hereby respectfully request the Senate and House of Representatives in Congress assembled to enact a law whereby coast, maritime, and national frontier quarantine shall be placed exclusively under the control and jurisdiction of the United States government, and that matters of interstate quarantine shall be placed under the control and jurisdiction of the United States Government, acting in co-operation with the several State boards of health." ----

Resolved, second, That we urge upon the legislatures of the several Southern States that they enact quarantine regulations as nearly as possible in accord and conformity as hereafter enacted."

2

The result of the panic and the agitation was the quarantine act of June 19, 1906.

## 2. The Quarantine Act of June 10, 1906.

The act of June 19, 1906, was the result of two bills, H. R. 14316 and S.4250. These two bills were almost identical except that the House bill had an additional section commonly called the Richardson amendment which will be considered later on.

Leaving out this amendment for the present the principal provisions of the bill were as follows:

Sec.1-Gives the Secretary of the Treasury "control of all quarantine stations, grounds and anchorages established by authority of the United States" and as soon as practicable he was to establish the same at such points on or near the seacoast of the United States as in his judgment were best suited for the same and necessary to prevent the introduction of yellow fever in the United States.

Sec.2-Provides for the transfer of any site selected by the Secretary of the Treasury by any other department or bureau of the govern-

ment, or if the title is not held by the government the Secretary of the Treasury is empowered to purchase the site if necessary through condemnation proceedings.

Sec.3-Empowers the Secretary of the Treasury at such sites selected to establish all necessary anchorage, erect hospitals, etc. -- Makes it obligatory upon him to publish once a week for four successive weeks a notice in newspapers of the selection and designation of such quarantine stations and regulations adopted.

Sec.4-Provides a fine of \$300 or imprisonment for one year or both for trespassing. Also a fine of \$500 or imprisonment for one year, or both, for violations of the act or provisions of the act of February 15, 1893, on part of any master or owner of any vessel.

Sec.5-Makes it obligatory on the Secretary of the Treasury to purchase any state or local quarantine station or plant already located before selecting and designating a quarantine station -- wherever the proper authorities are willing to make the transfer of sale.

Sec.6-Makes provision for the method of transfer of any station so acquired by the United States.

Sec.7-An appropriation of \$500,000 for the purpose of carrying out the provisions of the act, as well as for the purpose generally of preventing the importation of yellow fever into the United States.<sup>3</sup>

### 3. The Bill in the Senate.

Senate bill (S.4250) was introduced on February 7, 1906, by Senator Stephen R. Mallory of Florida. It was entitled "An act to further enlarge the powers and authority of the Public Health and Marine Hospital Service, and to impose further duties thereon." On April 2, 1906, the bill was considered and was passed after



the adoption of minor verbal amendments without objection. On April 3, the bill was referred in the House to the Committee on Interstate and Foreign Commerce.<sup>4</sup>

#### 4. The Bill in the House.

The House bill (H. R. 14316) bearing the same title as the Senate bill was introduced by John S. Williams of Mississippi.<sup>5</sup> As said before the provisions of this bill were the same as those of the Senate bill with this exception. Following Section 6 an extra section was inserted, numbered 7, and Section 7 of the Senate bill became Section 8 of the House bill.

When on April 3, 1906, the bill came up for consideration, a great debate ensued on Section 7, referred to as the Richardson amendment. The full quotation of this section is as follows:

"That every common carrier engaged in interstate commerce shall, under such regulations, restrictions, and safeguards as may be promulgated by the Secretary of the Treasury, receive, carry and transport through any State or Territory necessary to complete the journey, or carry into a State wherein delivery or debarkation may be lawful, all passengers, freight, or baggage which may have been discharged and properly certified in accordance with the regulations of the Public Health and Marine Hospital Service; and every person interfering with or obstructing such carrier or any passenger, etc. -- shall be guilty of a misdemeanor and on conviction thereof be prescribed by a fine not exceeding \$300 or by imprisonment for a period of not exceeding one year or both, in the discretion of the court; Provided, That this section shall not be construed as giving authority to any person to debark or unload freight in any locality contrary to the lawful regulations thereof."<sup>6</sup>

A reading of this section makes it clear that it dealt

with the delicate subject of interstate quarantine. It is very evident that what was to be effected by the section was to protect commerce and travel against what is commonly referred to as shotgun quarantine, that is extra legal quarantine, on part of panicky communities.

Except for a concise opening speech by Representative Irving P. Wagner of Pennsylvania, chairman of the Committee, giving reasons for reporting the bill; a brief speech by Fred C. Stevens of Minnesota, and a lengthy and learned address on the history of the mosquito theory by Representative J. Warren Keifer of Ohio, the debate was a forensic battle between southern representatives. In fact, it was largely Texas against Georgia, Alabama, and Mississippi. The debate no doubt reflected the ill feeling which was caused between Texas and these States over the State quarantine regulations during the epidemic of the summer of 1905.

The chief advocates of the bill were William G. Brantly and William C. Adamson of Georgia; Eaton J. Bowers of Mississippi, and William Richardson of Alabama.

William G. Brantly, in defending the bill and Section 7 in particular, took up first the question of constitutionality at great length. He cited numerous court decisions, among them the decision of the Supreme Court in the case of Morgan vs. Louisiana (118 U.S. Reports p. 465).

"Quarantine laws belong to that class of

State legislation which whether passed with intent to regulate commerce or not, must be admitted to have that effect and which are valid until displaced or contravened by some legislation of Congress."

He summarizes his lengthy argument on that point as follows:

"If any question has been clearly and definitely settled by the Supreme Court, it appears to be the quarantine question. This great court has said as plainly and unequivocally as language can state a proposition that the State may, in the absence of legislation by Congress, and only in such absence, make quarantine regulations that affect interstate and foreign commerce. They have also stated that whenever Congress established its own quarantine regulations for interstate and foreign commerce, the regulations of the State in conflict therewith shall be void." 7

The burden of the opposition to the bill was carried by representatives Robert L. Henry and George F. Burgess of Texas, with some support from David A. DeOrmond of Missouri.

In replying to Mr. Brantly, Robert L. Henry argued at length on the point that "disease, contagion, and pestilence are not commerce." As to Section 7 he argued that it would destroy the police powers of the States.

"Let me analyze Section 7 of this bill. It nullifies the police powers of the States. It renders the State helpless to pass health and quarantine laws. --- It uproots and overrides all local health, inspection and quarantine laws making them subordinate to the Federal power. Heretofore Federal health laws have been in co-operation and aid of State laws. This is a reversal of the policy and now the local State laws must be strictly subordinate and subservient to the General Government."

"For one hundred and seven years the decisions of the Supreme Court have been uniform on one proposition, and that is that the power of Congress to regulate commerce comes from the Constitution, and the rights of the State to enact health laws were retained by the people and never surrendered to the Federal Government. If any question is settled by the Supreme Court of the United States it is that Congress cannot impair the police powers of the State." 8

Representative Eaton J. Bowers of Mississippi, speaking in favor of the bill, draws a vivid picture of conditions under conflicting state quarantine laws and regulations, making uniform national control imperative:

"Outbreaks of yellow fever are uniformly attended with more or less panic and hysteria. Towns, villages, localities and even States become wild with fright, and travel and intercourse is restricted without reason, often cruelly and heartlessly. -- Before the disease enters, the disposition seems to be extremely careless, but after it has once appeared there seems to be a mania to senselessly, and cruelly restrict travel and movement of every character. --- Coming down to the epidemic of last year (1905), it is only necessary to cite an instance in which two sovereign States almost involved in hostilities, the situation at one time growing so serious and acute as to induce the calling out of the entire naval militia of one of them, and the arrest of officials of the other, a situation which was only relieved by the Government stepping in and under the act of 1893, taking charge of the quarantines between the States. ---- Another instance that came to my knowledge of hysteria, fear and panic, and stoppage of travel within a State, is a case which took such shape that the health authorities were unable to send nurses, medicines, and physicians to a stricken community in their own State, and were actually forced to smuggle them, by the consent of the authorities of Mississippi, through that State and back into their own. To my mind, to state these conditions is to make manifest the necessity for some regulations that will permit reasonable and

sensible travel - to demonstrate that there should be some power, some central authority, some uniform regulation, to which all can conform, and which will permit sane and sensible intercourse." 9

David A. DeOrmond of Missouri claims to see some sinister influence back of the bill.

"The proposition I am on has reference to Section 7. It is not legislation to prevent the spread of yellow fever, but legislation to facilitate the operations of the great railroad companies. (Loud applause.) Evidently it was put in at their suggestion. --- Why not leave the railroads and their desires, manifested in the cold count of dollars, for some other day? --- We have heard of the iniquity of putting "riders" upon appropriation bills. Here we have railroad interest as a rider upon a quarantine bill. Keep out the yellow fever, if you can, after providing for the gentle railroads at the expense of the States." 10

In support of Section 7 William Richardson quoted editorials from several papers.

(Age-Herald ----- Birmingham, Alabama)

"No believer in the mosquito theory can consistently oppose it (Section 7), and no one who desires to get rid of shotgun quarantine will lift a hand against it. It will be remembered that Mississippi and Alabama kept interstate routes open last summer, while Texas closed its doors against all infected points. No harm rose over the Alabama and Mississippi policy."

( Times-Democrat of New Orleans)

"That the Richardson amendment is right in principle, and sound in law, no one can dispute. It was generally advocated at the Chattanooga quarantine convention, and has been called for earnestly by most of the southwestern newspapers. We had evidence last summer of the necessity of some provision to this effect, and the system of bottling up a State, section or city, pursued by Texas, was found cruel in the extreme. Had Mississippi and Alabama followed its example in this matter there would have been more persons

shut up in the infected towns, and as a consequence, more cases of fever and more deaths." 11

The above will suffice to show the nature of the argument of the general debate. During the debate on the different sections of the bill a number of amendments were proposed, notably one of Mr. Henry of Texas, which would have out all of the bill and substituted an entirely different bill.<sup>12</sup> All amendments were rejected and on the final vote the bill was carried by a vote of 202 yeas and 26 nays, 149 voting.<sup>13</sup>

#### 5. Final Passage of the Bill.

On April 10, 1906, the bill passed by the Senate (S4250) was reported back from the Committee in the House. On April 16 it was called up. The Committee offered as an amendment to strike out in the Senate bill everything after the enacting clause and substitute the bill passed by the House. The amendment carried. The bill thus amended came up for consideration in the House. This was the occasion of two lengthy arguments in opposition to the measure, one by Charles L. Bartlett of Georgia, and the other by Jacob Beal of Texas. Their arguments were largely repetitions of what has already been discussed. The vote being taken, the bill was again passed.

On April 20, 1906, on motion of Senator John T. Morgan of Alabama the Senate disagreed to the amendment of the House, and conference committees were appointed by both Houses. On June 12 and 13, 1906, the conference report

was filed, respectively, in the Senate and in the House.

The conference report struck out all of Section 7 of the House bill and changed Section 8 by inserting the words "and other quarantable diseases" after the word "fever". This enlarged the purpose for which the appropriation was made" for the purpose of carrying into effect the provisions of this act, as well as for the purpose generally of preventing the importation of yellow fever and other quarantable diseases into the United States."

On June 13, 1906, the report was agreed to both in the Senate and in the House, and on June 19, 1906, the President approved the act.<sup>14</sup>

#### 6. Other Legislative Attempts.

Besides the act of June 19, 1906, there were 7 bills introduced during the 59th Congress.<sup>15</sup> Three of these bills were with reference to tuberculosis. Only one of these bills was reported back. This bill (H.R.21934) was introduced by Joseph W. Babcock of Wisconsin. It provided for the registration of all tubercular patients in the District of Columbia by physicians, officers of hospitals, or other public and private institutions. It made provisions for free examinations of individuals who were tubercular suspects. It further provided for the dissemination of information for the prevention of the spread of the disease.

On February 11, 1907, the bill came up for consideration

in the House and the bill was passed after a brief discussion. On February 12, 1907, the bill was referred to the Committee on the District of Columbia in the Senate, and nothing further came of it.

16

By the new immigration law of 1907 the duty of making mental and physical examinations of all immigrants was again imposed upon the Public Health and Marine Hospital Service.

#### 7. Estimate of the Act of June 19, 1906.

17

While the act of June 19, 1906, was primarily passed as a yellow fever measure it still further strengthened the federal control over maritime and national frontier quarantine. In this act (Section 5) authority was finally granted to purchase State quarantine stations, a matter which had been attempted years before. This provision, no doubt, hastened the complete absorption of State quarantines so that by the passing of the New York quarantine station from State to National control on March 1, 1921, the national government administers every station in the United States and in the Hawaiian Islands, the Philippines, Porto Rico, and the Virgin Islands.

18

From the standpoint of interstate quarantine it was probably regrettable that Section 7 of the House bill did not become part of the law. However, there was perhaps less need for such legislation than might be assumed. The Report for 1906 of the Public Health and Marine Hospital Service leaves the impression that the Service



handled the situation quite well when once called upon to take it up. Among other things the report of Surgeon G. B. Young on Railroad Inspection Service during 1905 (pp.179-182) states:

"The first thing noticeable upon arriving in Mississippi was the radical change which had taken place in the attitude of both authorities and general public toward the Service. It amounted to complete revolution in public sentiment, and simplified enormously subsequent work.

In 1897 the Service received at the beginning the scantiest recognition, except in the infected places, when it came to the aid of local authorities. The same was true to a lesser extent in 1898. This year there was found an overwhelming sentiment in our favor. --- The efficiency of the work, as far as it went, was recognized, its aid welcomed, and its representatives were courteously treated and given all reasonable facilities for the execution of their work. Curiously enough the only State that refused these reasonable facilities was Illinois."

The following results of the work of the Service are further enumerated in his report:

1. Passenger traffic was kept moving safely and with vastly less inconvenience than ever known before, upon some 3200 miles of railroad in portions of six states.
2. Much of the contemptible petty robbery of the ignorant, practiced at certain points by means of certificates and notarial fees, was broken up.
3. Although passenger traffic went on with a freedom hitherto unknown, there was not a single instance in which yellow fever developed in territory covered by the work.
4. Invaluable aid was given when the fever did appear, assisting in controlling it locally, caring for the suffering and providing means of escape for the refugees.

5. The confidence was won of the majority of the intelligent people in the soundness of the methods and the disinterestedness of the Service purposes.

All of this would indicate that the Public Health and Marine Hospital Service was getting interstate quarantine matters rapidly and efficiently under control of the national government without legislation arousing the hostility of the States.

## Chapter XII

Public Health Agitation.  
(1907-1913)

About 1907 began a period of extensive and intensive agitation for public health legislation. This was due largely to propaganda spread by the American Association of Science. In 1904 a committee, known as the Committee of One Hundred, was appointed from that Association to take such action as might be necessary to improve the health of the nation. Some of the most distinguished men of the country were members of this committee as will be seen from the following very partial list:

Rev. Lyman Abbot  
Miss Jane Adams  
James B. Angel  
Hon. Joseph H. Choate  
Chas. W. Eliot  
Archbishop Ireland  
Edward Bok (of Ladies Home Journal fame)  
Luther Burbank  
Andrew Carnegie  
Thomas Edison  
Prof. Franklin H. Giddings  
Pres. A. T. Hadley of Yale  
G. Stanley Hall  
Ben Lindsay  
John Mitchell, labor leader  
etc. etc.

Under the direction of Prof. Irving Fisher, Professor of political economy at Yale, the report of the Committee of One Hundred was prepared and was embodied in a bulletin entitled, "The Report of the Committee of One Hundred on National Health in its Relation to National Vitality." It is not possible nor necessary to go into the contents of this report. A few facts will be brought out later.

Suffice it to say that the report apparently was given wide circulation and seemed to have made a great impression on a large part of the public, particularly in professional ranks.

The general agitation and the effects of the propaganda were naturally reflected in Congress. During the six year period of from 1907 to 1913 no less than 42 bills were introduced in the two houses of Congress pertaining to some feature of health legislation. Much of the agitation takes the form of demand for a national department of health. A joint resolution of the legislature of Ohio presented in the Senate on April 27, 1908, may serve as an illustration.

"Whereas the United States Government, in ways impossible for the State or municipality, may gather information and conduct research work to determine the cause of disease and the best measures for their prevention, and by co-operation with State and local authorities may promote the health of the people; and, Whereas, the President (Roosevelt) in his Princetown speech expressed the hope 'that there will be legislation to deal with certain matters concerning the health of our people everywhere':  
Therefore, be it Resolved by the General Assembly of the State of Ohio, That the Congress of the United States be, and it is hereby, memorialized and urged to create and establish a national bureau of health, and endow it with power and funds commensurate with the highly important duties which it will necessitate." 2

The subject was even taken up by the political parties. The Republican platform of 1905 contained the following plank:

"We recommend the efforts made to secure greater efficiency in the national public health agencies and favor such legislation as will effect its purpose."<sup>3</sup>

The Democratic platform of the same year is more extensive and explicit:

"We advocate the organization of all existing national public health agencies into a national bureau of public health, with such powers over sanitary conditions connected with factories, mines, tenements, child labor, and such other conditions connected within the jurisdiction of the Federal Government - and which do not interfere with the power of the States controlling public health agencies."<sup>4</sup>

Out of this general agitation and the flood of bills introduced in Congress during the sessions of the 60th and the 61st and 62nd Congresses resulted two definite movements. The one movement was the most determined effort yet made to secure the establishment of a national department of public health. This movement failed as will be seen. The other movement was to change the Public Health and Marine Hospital Service into the Public Health Service. This movement succeeded. A separate chapter will be given to the account of each one of these two movements. Before taking up these accounts, however, a brief survey must be taken of some minor health legislation.

#### 1. Minor Legislation.

On March 13, 1908, during the 60th Congress Jacob H. Gallinger of New Hampshire introduced a bill (S.6101) "to promote the efficiency of the Public Health

and Marine Hospital Service." The bill proposed,

1. To make the pay and allowance of the commissioned medical officers of the Public Health and Marine Hospital Service the same as that of the commissioned officers of the Medical Department of the army.
2. To subject the officers of the Public Health and Marine Hospital Service to the Rules and Articles of War when detailed for duty with the military and naval forces.
3. To retire commissioned officers of the Public Health and Marine Hospital Service upon reaching the age of 64 and provide for promotion according to seniority.

This bill passed the Senate without opposition. In the House it was referred to the Committee on Interstate and Foreign Commerce and was never reported back by that Committee.<sup>5</sup>

On the same date another bill (S.6102) was introduced by Senator Gallinger "to further protect the public health and impose additional duties upon the Public Health and Marine Hospital Service. "This bill was brief and the principal provision was as follows:

"to facilitate co-operation between State and Territorial boards of health or departments of health --- and the Public Health and Marine Hospital Service, there shall be established a school of hygiene, for which the facilities of the Hygienic Laboratory shall be available. Regulations for admission to and for the conduct of said school shall be made by the Surgeon-General with the approval of the Secretary of the Treasury. There shall be received in this school, without compensation to or from the United States and with such limitations as may be deemed necessary."

This bill also was passed by the Senate but again no action was taken by the House.<sup>6</sup>

On December 14, 1907, Senator Gallinger introduced still a third bill (S.29) "to provide for registration of all cases of tuberculosis in the District of Columbia, for free examination, etc." This bill was passed by both Houses and was approved by the President on May 13, 1908.

While this law was applicable to the District of Columbia only, and had no direct connection with the Public Health and Marine Hospital Service, it is interesting from the standpoint of illustrating the kind of legislation which was being agitated with reference to tuberculosis. The principal provisions of the law were:

1. It makes it the duty of every physician of the District of Columbia to report to the health office any cases of tuberculosis. The same duty is imposed on the officials in charge of hospitals, asylums, etc.
2. It provides for the free examination of tubercular suspects by the health officers of the District.
3. It provides for the recording of all established cases, which register is not open to inspection by any one except the health officers.
4. The health department is to supply the afflicted with instruction to prevent the spread of the disease.
5. It provides for the disinfection of premises after the death or removal of afflicted persons.
6. It fixes a penalty of not more than \$25 for any violation of the act.<sup>7</sup>

This law represents the only health legislation by the 60th Congress. The two great movements during the 61st and the 62nd Congress already mentioned above will now be considered separately.

## Chapter XIII

Attempt to Establish a National Department  
of Health.  
(1909-1913)

## 1. The Owen Bill

On February 1, 1910, Senator Robert L. Owen of Oklahoma introduced a bill (S.6049) generally referred to as the Owen Bill. Its purpose was to establish a Department of Public Health and for other purposes." This bill represented probably the most comprehensive scheme for the creation of a national Department of Public Health presented so far. The principal provisions of the bill, by sections, were as follows:

- Sec. 1 - Provides for the establishment of a Department of Public Health under the supervision of a Secretary of the Public Health, to be appointed by the President, a cabinet officer by and with the consent of the Senate, at a salary of \$12,000 per annum.
- Sec. 2 - Provides that all departments and bureaus belonging to any department, excepting the Department of War and of the Navy, affecting the medical, surgical, biological or sanitary service, or any question relative thereto, be combined into one department to be known as the Department of Public Health.
- Sec. 3 - Provides for the transfer of the official records, papers, etc. of these transferred bureaus or divisions of public service to the Department of Public Health.
- Sec. 4 - Defines the duties of the Secretary of Public Health - to have supervision over the Department of Public Health, to be assisted by an Assistant Secretary of Public Health, to be appointed by the President, at a salary of \$6000 a year.



- Sec. 5 - Authorizes the Secretary of Public Health to appoint subordinates found necessary, particularly a chief clerk, at a salary not to exceed \$3000 a year.
- Sec. 6 - Officers and employees of the public service transferred to the Department of Health to receive the same salaries and allowances.
- Sec. 7 - Defines the province of the Department of Public Health as being the supervision of all matters within the control of the Federal Government relating to public health and to the disease of animal life.
- Sec. 8 - It is to gather data concerning such matters, enforce quarantine regulations, establish chemical, biological, and other standards if necessary, and give publicity to the same.
- Sec. 9 - Provides for the establishment by the Secretary of Public Health of bureaux of biology, chemistry, veterinary service, sanitary engineering.
- Sec.10 - Provides that all independent appropriations made for the ensuing year to be available on and after July 1, 1910, for the Department of Public Health.
- Sec.11 - Any other department requiring medical, surgical, sanitary, or other similar service, to apply to the Secretary of the Public Health therefor.
- Sec.12 and Sec. 13 not important.<sub>1</sub>

## 2. Progress of the Bill in the 61st Congress.

Senator Owen assumed full responsibility for the authorship of the bill. He said in part as follows:

"I simply wish to say in introducing S.6049 that I had no connection whatever with the Committee of One Hundred. I did not know anything about their plans or methods when I introduced the bill. In fact, they were pursuing a different policy, if I understand it. I will merely say at this time

that any action in introducing this bill was on my own motion without consultation with anybody, except that I had considered this matter for many years.

There is no reason why private citizens interested in this matter should not take an active interest in it, and the Committee of One Hundred should not be treated with contumely, and should not be made to appear as carrying on offensive or improper propaganda.

The American Medical Association of 19 years ago (1891) by a committee -- Dr. Jerome Cochran, chairman, -- urged this policy of a Department of Public Health. Congress should rejoice at the great opportunity of service pointed out by the Committee of One Hundred." <sub>2</sub>

Not only did Senator Owen assume responsibility for the authorship of the bill, but he was its principal, indeed, its only champion. While disclaiming any connection with the Committee of One Hundred, the Senator made liberal use of the report of that Committee in his argument for the adoption of the bill. To prove the need of comprehensive health legislation, he presented the following statistics from that report:

1. Preventable loss of life in the United States annually, 600,000 - 1700 a day.
2. Measuring life in money value this loss of lives represents a loss of \$1,000,000,000 every year.
3. 3,000,000 people are ill seriously all the time from preventable causes, of whom 1,000,000 are in the working period of life.

The assumption on part of Senator Owen was that a national department would go far toward eradicating such conditions.

He then presents a long list of what he considered important men who favored such a department of health. <sub>3</sub>

He further argued the necessity for a Department of Health from the standpoint of the amount of public money expended in the scattered health service of the National Government. His reasoning is something like the following:

1. Appropriations for the fiscal year for sanitary and health purposes in all departments and bureaus formed a total of nearly \$15,000,000 - not including the service in the Philippines, Porto Rico, nor Cuba.
2. Over 12,000 persons are employed in this service.
3. Hence "these agencies ought to be considered in one department. It meets the best opinion of the United States."

4

He next presented the views of the political parties and quoted the platform of both parties. In conclusion he said:

"A Department of Public Health has been endorsed by the National Grange (Des Moines 1909) by the American Federation of Labor, with about 200,000 members; by the American Medical Association, with about 80,000 physicians and surgeons affiliated; by the National Child Labor Committee; and by the Congress of Governors."

5

The principal speaker in opposition to the bill was Senator Jacob H. Gallinger of New Hampshire. His argument against the measure was largely on two points. First, the Federal Government is doing well under the existing organization; second, the demand for a National Department of Public Health is due to propaganda, and not a spontaneous movement. He said in part:

"It is possible that the Senator's contention is right, and that this ought to be done,

and yet it is something, I think, we can well pause and consider very deliberately. We have a bureau called the Public Health and Marine Hospital Service which is officered by some of the most accomplished medical men of the world, a bureau that has done remarkable service.

"The Committee of One Hundred is going to do great things for the people of the United States. That committee has spent up to the present time \$44,236 in exploiting this particular subject, and it is now appealing for funds to reimburse it. Prof. Fisher, a very distinguished gentleman and scholar, without any special knowledge of medical subjects, is promoting this propaganda. --- I am not going to find any special fault with Prof. Fisher for carrying on this propaganda, but I do not want it to go out to the country that this is a spontaneous movement."

The principal debate had taken place on March 24, 1910.

On April 26, Senator Owen presented a memorial in behalf of the American Medical Association relative to the bill, and from time to time he presented further memorials and resolutions. One of the most interesting of these are the resolutions adopted by the National Conference of State and Provincial Boards of Health of North America, at their annual session in the City of Washington, April 29, 1910.

"Resolved that it is the sense of the National Conference of State and Provincial Boards of Health of North America, the membership of which is composed chiefly of representatives of the State and Territorial Boards of Health of the United States, in annual session assembled, that a national Department of Health of equal dignity and power with the other departments of the Government, having at its head a Secretary of Public Health with a seat in the Cabinet of the President, should be established without delay.

Resolved, That to this end we recommend the passage of Senate bill 6049, now pending, or essentially similar legislation."

In the meantime much opposition to the measure seems to have been aroused over the country, for on May 21, 1910, Senator Owen takes an opportunity to make the following remarks:

This "Mr. President, I have been amazed, and I confused (suppose that every homeopath, osteopath, sentence (eclectics, chiropractors, and practitioners is ac- (and believers in Christian Science and cording (suggestive therapeutics, and from other to rec- (good citizens, protesting against a De- ord and (partment of Public Health, apparently on not a (the unfounded theory that the bill intro- mistake (duced by me proposed or made possible on my (invasion of the citizens right to em- part. (ploy whom he pleased when sick.

I understand that during the last week a large number of so called "taxpayers and voters" associations have been organized with many members in several States of the Union for the purpose of opposing a Department of Public Health. Such sudden universality of opposition to a Department of Public Health on such an unsound theory is astounding; it is more, it is extremely suspicious; it is obviously artificial, it is perfectly apparent that somebody is spending a very large amount of money on this sudden propaganda. The agency through which this propaganda is being carried on against a Department of Public Health is carrying the flag of "Medical Freedom." 9

With this the story of the Owen bill practically ended for the 61st Congress.

### 3. The Owen Bill in the 62nd Congress.

On April 6, 1911, Senator Owen reintroduced his bill, this time as Senate bill No. 1 (S.1).<sup>10</sup> The provisions of this bill were essentially the same as those of S.6049 except that the provision of making the head of the department a member of the Cabinet was dropped and in order to pacify opponents of the bill the following provision

had been included:

"Provided, That the health service established by this act shall have no power to regulate the practice of medicine or the practice of healing, or to interfere with the right of a citizen to employ the practitioner of his choice, and all appointments made within the Service, including the head of the service, shall be made without discrimination in favor of or against any school of medicine or healing."

11

It was apparent from the first that extensive public organization in opposition to the bill had been effected. This activity culminated in the founding of "The League of Medical Freedom." Who the prime movers of this movement were is difficult to say. Senator Works of California had printed into the Record<sup>12</sup> a list of names of the advisory board of the League. A partial list will serve to indicate the character of the opponents of bill:

B. O. Flower (President), editor and founder of the Arena and editor of the Twentieth Century Magazine.

Hon. Chas. W. Miller (Vice President) ex-chairman of the Iowa Democratic State Committee.

Wm. D. Baldwin, President of the Otis Elevator Company, New York.

Lewis Pinkerton Cruther, M.D. faculty Haheneman Homeopathic Medical College, Kansas City, Mo.

A. T. Still, M. D. founder of Osteopathy, Kirksville, Mo.

William Ordway Partridge, sculptor, New York City

A. E. Stillwell, President of the Kansas City Mexico and Orient R. R. New York

George P. Engelhard, Editor Medical Standard, Chicago,

Mrs. Diana Belais, President of New York Anti-Vivisection Society.

Edwin C. Dickler, D. O. President, American Association of Osteopaths,

Charles Huhn, President of the National Association of Retail Druggists,

and a long list of men in commercial and industrial activity.

Senator Weeks, in speaking of this League, said:

"The League of Medical Freedom, a voluntary organization composed of hundred of thousands of citizens in all walks of life, knowing the hypocrisy of the instigators of new legislation on this subject, made common cause against it and exposed its object."<sup>13</sup>

When the bill came up for consideration Senator Owen, as in the preceding Congress, made a single handed fight for the measure. He struggled earnestly to destroy what he called "the false theory that the health service of the United States would be admitted under the control of one school of medicine and ultimately abridge the right of the individual citizens to choose the practitioner of his choice in times of illness."<sup>14</sup>

Senator Owen's principal opponent in this Congress was Senator Works of California who frankly stated that he was discussing the bill from the standpoint of a Christian Scientist. His argument against the bill was of extraordinary length.<sup>15</sup>

The general theme of his speech can best be seen from the following quotation:

"It is (the bill) a part of a system of legislation that is going on all over this country which is intended to establish a State Medicine and to place all the medical activities of the Government in the hands of one school of medicine."<sup>16</sup>

Admitting that the bill had been "shorn" of the most objectionable features he apologizes for his long speech as follows:

"Therefore, if I did not know that this abandonment of the objectionable features of the bill was for the ulterior purpose of making it the beginning and following it up step by step until they have obtained their original object, which they could not reach by direct action, I should have but little reason to consume the time of the Senate in opposing the passage." <sup>17</sup>

His argument is largely a condemnation of what he calls the allopathic school of medicine and his sharpest shafts are directed against the American Medical Association:

"There is abundant evidence which cannot be reviewed here, that the efforts of the American Medical Association to secure restrictive legislation affecting other schools of healing and legislation giving its schools additional powers and privileges are extreme and intolerant and oppressive." <sup>18</sup>

Congress was flooded with a veritable deluge of public expressions for and against the bill, the bulk of which expressions, it was very evident, was the result of organized propaganda.

On May 7, 1912, Senator Owen had printed into the Record <sup>19</sup> an abstract of endorsements of S.1 from State Governors, State Boards of Health, Boards of Trade, Scientific and Medical Associations and Societies, religious and educational institutions, labor organizations, women's clubs, etc.

Senator Works countered by having printed in the Record the copy of a letter sent out by the American



Medical Association addressed to the members of its National Auxiliary Legislative Committee urging them to greater activity to secure endorsements for the Owen Bill.

By this time the matter had almost reached a point of absurdity and S.1 passed into legislative oblivion. Thus failed the movement for the establishment of a national Department of Public Health.

## Chapter XIV.

The Establishment of the Public Health Service.  
(1909-1913)1. The Attitude of the Public Health and  
Marine Hospital Service.

What the attitude of the Public Health and Marine Hospital Service was toward the attempt to establish a national Department of Public Health does not appear in the sources studied. That the Service, however, was back of the movement to create the Public Health Service in the full meaning of that name is very apparent from the annual reports of the Surgeon-General of the Service. The Service was anxious to expand its activities over matters of general health as well as over particular and enumerated diseases. Every item of the law which created the Public Health Service is recommended or suggested in the Surgeon-General's reports.

The Report for 1907 recommends that the pay of the officers of the Public Health and Marine Hospital Service be placed on par with that of the medical officers of the army and navy.<sup>1</sup>

In the Report for 1909 the Surgeon-General has the following to suggest:

"the greater epidemic diseases, viz. cholera, yellow fever, small pox, typhus fever, and plague can be successfully fought with our present scientific knowledge and regulations. But other diseases do require consideration, both as to their character and the legal arrangements for combating them. Among the more important requiring immediate attention are the following:

tuberculosis, typhoid fever, malaria, measles, pneumonia, scarlet fever, hookworm disease, pellagra, cancer, and insanity." <sup>2</sup>

The pollution of streams also was coming under the notice of the Service. As early as the Report of 1907 the following statement is found:

"Closely connected with the subject of typhoid fever is the pollution of streams. --- The increasing pollution of the interstate waters should receive the attention of Congress at an early date." <sup>3</sup>

In the Report for 1909 the Surgeon-General reverts to the subject. In this connection he points out when he considers a constitutional basis for federal legislation on the pollution of interstate waters.

"In 1901 a bill was filed in the United States Supreme Court by the State of Missouri against the State of Illinois (180-U.S. Reports p. 208) alleging that the construction and subsequent use of the Chicago Drainage Canal would so pollute the waters of the Mississippi River as to seriously impair the health of the citizens of St. Louis and adjacent communities within the State.

To this bill a demurrer was filed admitting that even if these allegations were true, there existed no jurisdiction in the Federal Government to prevent such pollution."

The demurrer was not sustained, the following being the opinion of the court:

"An inspection of the bill discloses that the nature of the inquiry complained of is such that an adequate remedy can only be found in this court at the suit of the State of Missouri. It must surely be conceded that if the health and comfort of the inhabitants of a State are threatened, the State is the proper party to represent and defend them.

"If Missouri were an independent and sovereign State all must admit that she could seek remedy by negotiations, and, that failing, by force. Diplomatic powers and the right to make war having been surrendered to the General Government it was to be expected that upon the latter would be devolved the duty of providing a remedy, and that remedy, we think, is found in the constitutional provision we are considering." <sup>4</sup>

## 2. The Martin-Mann Bill in the Sixty First Congress.

While Senator Owen was presenting his comprehensive scheme for a national Department of Health, more conservative legislation was introduced following the recommendations and suggestions of the Public Health and Marine Hospital Service which ultimately resulted in the act establishing the Public Health Service.

On January 5, 1911, Representative James R. Mann of Illinois introduced a bill (H.R.30292) known as the Martin-Mann Bill, "to change the name of the Public Health and Marine Hospital Service, to increase the pay of the officers of said service, and for other purposes."<sup>5</sup>

With reference to the origin and the authorship of this bill Mr. Mann made the following enlightening remarks:

"Last year there were a number of bills introduced to create a Department of Health and others in reference to the creation of a Bureau of Health. Under these bills hearings were had before the Committee on Interstate and Foreign Commerce. Recently during the recess of Congress, I prepared a simple little bill designed to take the place of these other bills, if it should be favorably acted upon by Congress.

That bill was submitted to representatives, among other people, of what is known as the League of Medical Freedom, and various representatives of the Christian Scientists, who agreed to favorable consideration of the bill so far as they were concerned." 6

The provisions of Mr. Mann's "simple little bill" were as follows:

Sec. 1 - The Public Health and Marine Hospital Service shall hereafter be known and designated as the Public Health Service. All laws pertaining to the Public Health and Marine Hospital Service and all regulations now in force -- shall apply to and remain in force as regulations of and for the Public Health Service until changed or rescinded. The Public Health Service may study and investigate the diseases of man and conditions influencing the propagation and spread thereof, including sanitation and sewage and the pollution either directly or indirectly of the navigable streams and lakes of the United States, and it shall from time to time issue information in the form of bulletin and otherwise for the use of the public.

Sec. 2 - Provides for a change in the pay of the medical officers of the Service to correspond to the army and navy. 7

On February 27, 1911, the bill came up for consideration in the House. 8 The burden of the argument in favor of the bill was borne by James R. Mann of Illinois ably assisted by Martin D. Foster of the same State. In his speech Mr. Mann made a statement which may throw some light on the opposition to the American Medical Association. He said:

"There is objection to this bill; they are afraid it may be extended. Now let me say that the American Medical

Association, or one of its officials, in some hearings which were had some years ago before the Committee of Interstate and Foreign Commerce made the statement that it was their desire at the time that the Government shall control disease; that they might take possession of diseased persons, and inspect homes, and so forth; and a large share of the scare that has grown up in reference to increasing the efficiency of the Public Health Service has grown out of that statement." 9

Mr. Borland of Missouri, speaking in opposition to the measure, resorts to the old argument that the bill, if enacted, would interfere with the police powers of the States:

"Here we clothe this board with more than its proper federal functions. It is now proposed to clothe it with part of the police powers of the State, or what will conflict directly with the police power of the State, by giving them the right to investigate all of the conditions out of which all of the diseases of mankind may possibly arise. --- There is absolutely nothing under that kind of power that this board could not perform, whether it be local or national in character." 10

Representative Foster of Illinois, speaking in favor of the bill said in part:

"I would not for one minute stand upon this floor and advocate a bill that I thought was going to give any particular school any right over any other school of medicine, but I want to say that in my judgment this bill only enlarges the power of the Public Health Service to investigate disease, to find out the cause of it, and the prevention of that disease. Members seem to be very much scared because they think that this health bill might go into the State and investigate some of the conditions concerning the causes of disease, and yet I have to

hear the first one get upon this floor and protest against the Government spending thousands of dollars to investigate the disease of hog cholera throughout the country, of gapes in chickens, or diseases of the horse and cow, and all those troubles which concern the States. This bill is not an invasion of State rights, nor an interference of the rights of any State. This bill deals with the question of the cause and prevention of disease and not with any particular kind of practice."<sup>11</sup>

On the conclusion of the debate the bill was passed, February 27, 1911, by a vote of 125 ayes to 51 noes.<sup>12</sup>

On the following day the bill was referred to the Committee on Public Health and Quarantine in the Senate but the close of the session on March 4 prevented any action by that body.<sup>13</sup>

The identical bill had been introduced in the Senate (S.9909) by Senator Thomas S. Martin of Virginia on January 9th, 1911. The bill, however, was never reported back.<sup>14.</sup>

### 3. The Act of August 14, 1912.

On May 8, 1911, during the 62nd Congress Senator Thomas Martin of Virginia introduced a bill (S.2117) "to promote the efficiency of the Public Health and Marine Hospital Service". It was reported back on June 12, 1911, without amendment. There was little discussion and after adoption of a minor amendment the bill was passed.<sup>15</sup>

The bill contained the provisions of Section 2 of the Mann-Martin Bill (H.R.30292) which had passed the

House during the 61st Congress. It provided for increases in salaries of the commissioned officers of the Public Health and Marine Hospital Service to bring them on parity with those of the commissioned medical officers of the army and navy of like rank.

On June 21, 1911, the bill was referred to the Committee on Interstate and Foreign Commerce of the House, was reported back on January 16, 1912, during the second session by William Richardson of Alabama and came up for consideration on May 20, 1920.<sup>16</sup>

Rev. Foster of Illinois raised the question about what had become of the rest of the bill as it had been passed by the House during the preceding Congress. In reply William C. Adamson of Georgia said:

"When we came to make up the bill this time we left out everything that had been fought. We put in only the provision to increase the salaries in order to endeavor to hold the surgeons in the service. We thought that was necessary for the service and we postponed the dispute about everything else for future bills."<sup>17</sup>

On August 10, 1912, the bill again came up for debate. W. C. Adamson asked for unanimous consent to strike out all after the enacting clause and insert in lieu the provisions of the Mann-Martin bill passed by the House in the preceding session with some changes in the salary schedule in Section 2. The request being granted, the substitute for the Senate bill was passed without objection.



On August 13, 1912, the bill thus amended by the House came up for consideration in the Senate. In explanation Senator Martin said:

"I will say --- that it (the bill) supersedes these bills (the various health bills) and makes them unnecessary at present. It entirely removes them from present consideration. There are various health bills. One is the Owen Bill, and there are a number of bills of that sort. They are very voluminous measures. This supplants them and makes them unnecessary, certainly for the present. --- This particular bill is the outcome of those hearings (on the other bills) and an evolution from those various bills which have heretofore been so much discussed."

Senator Works had the following to say:

"The bill as it passed the Senate was simply a bill to increase the salaries of the surgeons of the medical service, to which I had no objection whatever. As it came from the House it has certain provisions relating to the authority of the bureau, some of which are objectionable to me, but I concluded after an examination of the bill that I would not oppose the concurrence in the amendments of the House under the circumstances. I am as the Senate knows, very earnestly opposed to the passage of what is known as the Owen bill. This bill has one or two provisions in substance the same as those contained in the Owen bill, but they are not of a serious character, and I think they are practically providing by Law doing what the department is actually doing at the present time."

18

Thereupon the motion to concur in the House amendment was passed. The bill was approved by the President on August 14, 1912.

18

## Chapter XV.

## Conclusion

The act of August 14, 1912, completes the story of the evolution of the Marine Hospital Service into the Bureau of the Public Health Service. Begun in an unorganized way by the act of 1798, the Service was finally organized in 1870. In 1878 the administration of the national quarantine laws and regulations were intrusted to it. This activity was interrupted by the creation of the National Board of Health from 1879 to 1883, in which year the Marine Hospital Service resumed the administration of national quarantine affairs. Beginning with 1883 the gradual evolution of national quarantine legislation finally led to the supremacy of the national quarantine. This event is marked by the act of February 15, 1893. Gradually, however, the activities of the Marine Hospital Service expanded over other health questions besides questions of quarantine. An important step in the direction of scientific investigation of disease was made by the act of March 3, 1901, establishing the Hygienic Laboratory. This expansion of the activities of the Service was formally recognized by the act of July 1, 1902, which changed the official name of the Service to that of the Public Health and Marine Hospital Service besides expanding the activities and influence of the Service by several important provisions. During the

next decade the activities and influence of the Service continued to increase gradually. The "simple little bill" prepared by Representative Mann of Illinois resulting in the act of August 14, 1912, was the climax, the capstone of the structure as it were. By this act the Service was finally and definitely transformed into the Public Health Service both in name and in fact. By this act the Service was legally given power to make the entire range of the diseases of man, their cause, nature, and prevention its field of activity and to disseminate information with reference to these matters among the public through its publications -- truly a real Public Health Service.

In the introduction of this study the broad or general activities of the Bureau of the Public Health Service were given. It seems only proper, then, to conclude the study with a more detailed account of the activities of that Service at the time with which this study ends. The following facts were taken from the Public Health Service Report for 1913.

#### The Public Health Service.

##### 1. Commissioned Corps:

1. Surgeon-General .....	1
2. Senior Surgeons .....	10
3. Surgeons .....	63
4. Past Assistant Surgeons .....	40
5. Assistant Surgeons .....	30

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Total	144
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## 2. Non-commissioned:

1. Chiefs of divisions of the Hygienic Laboratory . . . . .	3
2. Artist . . . . .	1
3. Technical Assistants . . . . .	8
4. Quarantine Inspector . . . . .	1
5. Acting Assistant Surgeons . . . . .	226
6. Medical Inspector . . . . .	1
7. Internes . . . . .	15
8. Pharmacists . . . . .	46
9. Pilots . . . . .	15
10. Marine Engineers . . . . .	21
11. Expert farmer . . . . .	1
12. Trained nurses . . . . .	2
13. Attendants . . . . .	1028
<hr/>	
Total . . .	1368
	<hr/> 144
<hr/>	
Grand Total . . .	1512

## II. Expenditures of the Service

1. Public Health Service. . . . .	1,690,911.72
2. Quarantine Service . . . . .	168,262.86
3. Prevention of epidemic diseases .	218,171.35

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Total . . . \$2,077,345.93

This does not include expenses of construction operations and several other features of the Service.

## III. Quarantine Stations and Marine Hospitals.

1. Quarantine Stations (listed p.280) ..	52
2. Marine Hospitals . . . . .	23
3. Relief Stations . . . . .	125
4. Relief to seamen:	
a. treated in hospitals	14,097
b. treated in dispensary . . . . .	36,507
Total . . .	50,507

## IV. Divisions of the Work of the Service.

## 1. Division of Scientific Research and Sanitation.

Through this division the work of the Hygienic

Laboratory and the scientific investigations are carried on.

2. Division of Foreign and Insular Quarantine and Sanitation.

Through this division the Surgeon-General enforces the national quarantine laws and prepares the regulations relating thereto. He has control of the federal quarantine stations in the United States, in the Philippines, Hawaii, and Porto Rico. He supervises the medical officers detailed in the offices of the American consular service at foreign ports. He has supervision over the medical officers engaged in the physical and mental examinations of all arriving aliens.

3. Division of Domestic (Interstate) Quarantine.

Through this division the provisions of the federal acts in so far as they pertain to the prevention of the spread of contagious or infectious diseases from one State or Territory to another are enforced and carried out.

4. Division of Sanitary Reports and Statistics.

This division collects information of the sanitary conditions of foreign ports, and ports and places within the United States including the existence of epidemic diseases. This information with morbidity and mortality statistics, domestic and foreign, are published in the weekly Public Health Reports and transmitted to the State and municipal health officers and other sanitarians and to the collectors of customs.

5. Division of Marine Hospitals and Relief.

Through this division professional care is taken of sick and disabled seamen in the marine hospitals and relief stations. The beneficiaries include officers and crews of registered vessels, enrolled, or licensed vessels of the United States and of the Revenue Cutter Service and several other branches of service.

## 6. Division of Personnel and Accounts.

In this division are kept the records of the offices and the expenditure of appropriations.

## 7. Miscellaneous Division.

Through this division the various service publications are issued.

# V. Publications

One of the greatest benefits of the Public Health Service to the general public is the information disseminated through its publications. The Report for 1913 shows the following publications.

1. Annual Reports . . . . . 4000 copies
2. Weekly Health Reports . . . . . 8000 per edition
3. Supplements to the Public Health Reports.--  
These pamphlets contain articles on popular subjects of health. During the year 1913 the following were issued:
  - a. Measles
  - b. Injurious effects of overheating dwellings, etc.  
Tuberculosis: Its predisposing causes.
  - d. The Citizen and Public Health
  - e. Fighting Trim: Importance of Right Living.
  - f. Contagious Diseases: Their Prevention and Control in Children's Institutions.

## 4. Reprints from the Public Health Reports

Fifty one special articles were reprinted. These reprints cover a wide range of subjects from "Leprosy in the United States" to "Country Schools and Rural Sanitation."

## Public Health Bulletins

## 5.

Seven of these were issued during 1913. These bulletins contain the results of important studies. No. 57 for example

deals with "Common Drinking Cups and Roller Towels -- An Analysis of Laws Relating Thereto in the United States.

6. Bulletins of the Hygienic Laboratory.

During 1913 four of these were published. No. 89 deals with "Sewage Pollution of interstate and international waters with special reference to typhoid fever."

## References by Chapters.

## Abbreviations Used:

- (1) 15 U.S. Stat. L.357 --- United States Statutes at Large-  
Vol. 15, page 357
- (2) C. R. 19-Pt.IX 8666 -- Congressional Record, Vol.19-  
Part IX, page 8666

## Chapter 1.

1. 1 U. S. Stat. L. 474
2. 1 U. S. Stat. L. 605-6
3. 1 U. S. Stat. L. 619
4. 4 U. S. Stat. L. 577
5. 14 U. S. Stat. L. 357
6. 16 U. S. Stat. L. 169
7. Schmeckebier, Lawrence F. -- The Public Health  
Service, Its History, Activities and Organi-  
zation-Chapter 1.
8. 20 U. S. Stat. L. 37
9. 20 U. S. Stat. L.484
10. 21 U. S. Stat. L. 5

## Chapter 111.

1. 48th Congress
  1. - H.R. 2785 --- C.R. 15-Pt. 1 290
  2. - S.2518 ----- C.R. 16-Pt. 1 562
  3. - H.R. 7726 --- C.R. 16-Pt. 1 252
  4. - H.R. 7980 --- C.R. 16-Pt. 1 833
- 49th Congress
  1. - S. 262 ----- C.R. 17-Pt. 1 135
  2. - S. 643 ----- C.R. 17-Pt. 1 242
  3. - H.R.6309 ----- C.R. 17-Pt.11 1919

2. C.R. 15-Pt. 1 290; Pt. 11 4677

3. See Index to C. R. 15-under Contagious and  
Infectious Diseases, and under National  
Board of Health.



4. C. R. 15-Pt. 1 476
5. Index C. R. 17, page 434
6. National Board of Health Report 1882, pp.15-6
7. Same as 6
8. National Board of Health Report 1880, pp. 4-6
9. " " " " " " pp. 8-9
10. " " " " " 1883 pp. 29
11. " " " " " 1882, p. 12
12. C.R. 24-Pt. 1 797
13. C.R. 24-Pt. 1 395

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1. S.3568 ---C.R.19-Pt.1X 8666
2. H.R.11241-C.R.19-Pt.V111 7792
3. H.R.11531-C.R.19-Pt.1X 9073
4. H.R.7731--C.R.19-Pt.11 1513
5. S.3907 ---C.R.20-Pt.11 1766
6. H.R.1526--C.R.19-Pt. 1 218
7. S3467 ----C.R.19-Pt.V111 7769
8. S.2493 ---C.R.19-Pt. 111 2391

## 51st Congress

1. S. 141 ---C.R.21-Pt. 1 99
2. S. 9 -----C.R.21-Pt. 1 96
3. S. 140 ---C.R.21-Pt. 1 99
2. C.R. 19-Pt. 111 2391; Pt. 1V 3684, 3687
3. C.R. 19-Pt. 1V 3744; V1 5904; V11 6691
4. C.R. 19-Pt. V11 6691
5. C.R. 19-Pt. V111 7769; 1X 8130, 8610
6. C.R. 19-Pt. 1X 8610; C.R. 20-Pt. 1 236
7. C.R. 21-Pt. 1 99; 11 1323
8. C.R. 21-Pt. 11 1837; 111 2093, 2376; C.R.21-Pt.111 2744

9. C.R. 19-Pt. 1 218; C.R. 20-Pt. 111 2129-2132
10. C.R. 20-Pt. 111 2131

## Chapter V.

1. Marine Hospital Service-Report 1892-pp. 35-37
2. " " " " " p. 46
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  1. S.2707-C.R.23-Pt. 1112490
  2. H.R. 9757 -- C.R. 24-Pt. 1 21
  3. S.38 ----- C.R. 23-Pt. 123
  4. S.3588 ----- C.R. 24-Pt. 1 127
  5. H.R.9899 --- C.R. 24-Pt. 1 187
  6. H.R.9957 --- C.R. 24-Pt. 1 220
  7. H.R.9980&9999-C.R.24-Pt. 1 258
4. C.R. 23-PT.111 2490; C.R.24-Pt. 1 290,305; 357,392,429, 464
5. C.R. 24-Pt.1. 442,750, 756, 756-765,793
6. C.R. 24-Pt.1 832; 11 975; 11 1243-46
7. C.R. 24-Pt.11 1337, 1717
8. C.R. 24-Pt.11 1337
9. C.R. 24-Pt. 1 368-9
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12. " 434-5
13. " 359-367
14. " 468
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3. 38 U.S. Stat. L 372
4. H.R. 36---C.R.28-Pt. 1 27  
S.3652 ---C.R.29-Pt.11 1511
5. C.R. 29-Pt. 111 2164
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3. H.Res.26- " 1 193
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5. S.4637 " VI 5062
6. H.R.8811 " 111 2449
7. H.R.8280 " 11 1865
8. H.R.9403 " IV 3152
9. S.1703 ---C.R.30-Pt.1 705
10. S.2343 -- " 111 2414
11. S.2680 -- C.R.31-Pt.1 46
12. H.R.4363 C.R.31-Pt.1 74

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16. H.R.1011 " 57
17. H.R.11139 " VI 4888

2. C.R. 31-Pt. 11 1076
3. C.R. 30-Pt. 1 705; C.R.31-Pt.111 2813-4:  
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4. C.R. 30-Pt. 111 2414; C.R.31-Pt.111  
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7. C. R. 31-Pt. 111 2813
8. " 1 748; 111 2812, 2914; 1V 3085
9. C. R. 31-Pt. 111 2815
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13. See appendix A-C.R.31-Pt. 1V 3361
14. " " B " " 3363
15. C.R. 31-Pt.1V 3364
16. C.R. 33-Pt.1V 4077; V1 5674; V11 6978-79-80
17. C.R. 33-Pt. V11 6179, 6246; 1V 3467
18. 21 U.S. Stat. L. 1137

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  1. H.R. 7189 ----- C.R.35-Pt. 1427
  2. H.R. 15349 ---- " V111 7795
  3. H.R. 12501 " 111 2764
  4. H.R. 13247 " 1V 3535
  5. S.2417 " V11 5403
  6. S.4583 " 111 2993
  7. S.4895 " 1V 3498
  8. S.1545 " 11 1964
  9. H.R.3148 " 1 158
  - 10.H.R.3136 " 1 184
  - 11 S. 6196 " V11 7056
  - 12 S. 2162 " 1 437
2. C.R. 35-Pt. V11 7056
3. 32 U.S. Stat. L. -Pt. 1 729
4. C.R. 35-Pt. V111 7644, 7754, 7794
5. C.R. 35-Pt. 1 437; V1 5403, 5550-1;
6. C.R. 35-Pt. V1 5659; V11 6476
7. C.R. 35-Pt. V1 5550-1

8. C. R. 35-Pt. Vlll 7756
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12.       "       "       7760
13. Public Health and Marine Hospital Service Report  
1907, p. 13
14. C. R. 35-Pt. Vlll 7758
15. Marine Hospital Service- Report 1903, p. 321
16.       "       "       "       "       "       p. 320
17. Public Health and Marine Hospital Report  
1906, p.200

## Chapter X.

1. C. R. 39-Pt. 11 1162
2. 33 U. S. Stat. L.-Pt. 1 1170
3. C.R. 39-Pt. 11 1119
4. C. R. 39-Pt. 1V 4023
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12.       "       111 2763; 1V 3667, 3736, 4032
13. U. S. Stat. L.-Pt. 1 1009
14. C. R. 39-Pt. 111 2218

15. C.R. 39-Pt. 111 2218, 1891; Pt. 1V 3584
16. Public Health and Marine Hospital Service -  
Report 1902, p. 22

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1. Public Health and Marine Hospital Service,  
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2. Public Health and Marine Hospital Service,  
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3. C.R. 40-Pt. V 456-7
4. C.R. 40-Pt. 111 2206; 1V 3313; V 4556, 4708
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6. C.R. 40-Pt. 11 4668
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  7. H.R.21934 " " 290
16. C.R. 41-Pt. 1 290; 111 2620, 2744
17. 34 U. S. Stat. L.- Pt. 1 229
18. Jubilee Historical Volume of the American Health  
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8.	H.R.25103	" V111	7659
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10.	S.1	----C.R.47-Pt. 1	101
11.	H.R.22209 ----	C.R.48-Pt. 1V	3771
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3. C. R. 45-Pt. 1V 3657
4. C. R. 45-Pt. 1V 3657
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7. C. R. 42-Pt. 1 135, 632, 734, 809; 1V 3685, 3758-9, 3853;  
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1. Public Health and Marine Hospital Service,  
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2. Public Health and Marine Hospital Service,  
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4. Public Health and Marine Hospital Service,  
Report 1909, pp. 234-5
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16. C. R. 47-Pt. 111 2435; C. R. 48-Pt. 1 1003; V11 6817
17. C. R. 48-Pt. X1 10706
18. " " 10790, 11045

## Sources.

## 1. Primary Sources:

1. United States Statutes at Large
2. Congressional Record -- Volumes 15 to 48 inclusive.
3. Annual Reports of the Marine Hospital Service, 1839 to 1904 inclusive.
4. Annual Reports of the Public Health and Marine Hospital Service, 1905 to 1911 inclusive.
5. Annual Reports of the Public Health Service, 1912 to 1913 inclusive.
6. American Public Health Association -- Jubilee Historical Volume -- A Half Century of Public Health.

## 11. Secondary Materials:

1. Schmeckebier, Lawrence F. -- The Public Health Service, Its History, Activities, and Organization.

Ethel R. Chase -- The Evolution of Federal Control of the Public Health Service, (MSS).